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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Louise

2. Surname (Last Name)

Buchreitz Herlow

3. Date

08-April-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Operativ intervention ved polymorft low-grade adenokarcinom i rhinopharynx

6. Manuscript Identifying Number (if you know it)

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Dr. Buchreitz Herlow has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Birgitte

2. Surname (Last Name)
Charabi

3. Date
08-April-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Louise Buchreitz Herlow

5. Manuscript Title

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