

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
shailajah

2. Surname (Last Name)  
kamaleswaran

3. Date

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Arvelig palmoplantar keratodermi med fokus på klinik og molekylærgenetik

6. Manuscript Identifying Number (if you know it)

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Dr. Kamaleswaran Has nothing to disclose

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2. Surname (Last Name)

Ousager

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☒ No

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Shailajah Kamaleswaran

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Rasmus

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Bach

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☒ No

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Shailajah Kamaleswaran

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