

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Karina Sif

2. Surname (Last Name)

Mosholt

3. Date

27-October-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Empysematisk pyelonefrit hos ikke-diabetisk patient med nyretumor.

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Mosholt has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hans-Erik	2. Surname (Last Name) Wittendorff	3. Date 27-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karina Sif Mosholt
5. Manuscript Title Empysematisk pyelonefrit hos ikke-diabetisk patient med nyretumor.		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Dr. Wittendorff has nothing to disclose.

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1. Given Name (First Name)  
Claus

2. Surname (Last Name)  
Dahl

3. Date  
27-October-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Karina Sif Mosholt

5. Manuscript Title  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Nessn	2. Surname (Last Name) Azawi	3. Date 27-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karina Sif Mosholt
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