

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)
Morten

2. Surname (Last Name)
Zaar

3. Date
03-October-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Identifikation af et mesenterielt traktions syndrom med laser speckle kontrast imaging

6. Manuscript Identifying Number (if you know it)

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Dr. Zaar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Niels

2. Surname (Last Name)

Secher

3. Date

03-October-2013

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Identifikation af et mesenterielt traktions syndrom med laser speckle kontrast imaging

6. Manuscript Identifying Number (if you know it)

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Dr. Secher has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christian Risby	2. Surname (Last Name) Mortensen	3. Date 10-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morten Zaar
5. Manuscript Title Identifikation af et mesenterielt traktions syndrom med laser speckle kontrast imaging		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Lars	2. Surname (Last Name) Svendsen	3. Date 10-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title identifikation af mesenterielt traktionssyndrom med laser speckle contrast imager		
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Section 1. Identifying Information

1. Given Name (First Name) Carsten	2. Surname (Last Name) Tollund	3. Date 16-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morten Zaar
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