

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

Spangenberg 1



Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Katrine Bredsdorff		2. Surname (Last Name) Spangenberg		3. Date 05-May-2014		
4. Are you the corresponding author?		✓ Yes	No			
•	5. Manuscript Title Trombotisk trombocytopenisk purpura er en vigtig diagnose at huske med henblik på korrekt behandling					
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.)? Are there any relevant conflicts of interest? Yes No						
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Dr. Spangenberg has nothing to disclose.				

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Clasen-Linde 1



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1. Given Name (Fi Erik	rst Name)	2. Surname (Last Name) Clasen-Linde	3. Date			
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Katrine Bredsdorff Spangenberg1			
5. Manuscript Title						
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Poulsen 1



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