

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)
Michael

2. Surname (Last Name)
Stormly Hansen

3. Date
06-September-2013

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Miriam Kolko

5. Manuscript Title
Betydningen af antihypertensiva for udvikling af glaukom

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Stormly Hansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tobias	2. Surname (Last Name) Torp-Pedersen	3. Date 07-September-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Miriam Kolko
5. Manuscript Title Betydningen af antihypertensiva for udvikling af glaukom		
6. Manuscript Identifying Number (if you know it)		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anders

2. Surname (Last Name)
Hvid-Hansen

3. Date
07-September-2013

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Miriam Kolko

5. Manuscript Title
Betydningen af antihypertensiva for udvikling af glaukom

6. Manuscript Identifying Number (if you know it)

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Dr. Hvid-Hansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jørgen

2. Surname (Last Name)

Jeppesen

3. Date

07-September-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Miriam Kolko

5. Manuscript Title

Betydningen af antihypertensiva for udvikling af glaukom

6. Manuscript Identifying Number (if you know it)

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Henrik

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Lund-Andersen

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Miriam Kolko

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3. Date
07-September-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Betydningen af antihypertensiva for udvikling af glaukom

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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Dr. Kolko has nothing to disclose.

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