

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)
Arne

2. Surname (Last Name)
Hørlyck

3. Date
03-April-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jakob Kristian Jakobsen

5. Manuscript Title
markant symptomlindring efter aspiration af stor simpel nyrecyste

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Jakob Kristian

2. Surname (Last Name)

Jakobsen

3. Date

03-April-2014

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

markant symptomlindring efter aspiration af stor simpel nyrecyste

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Nina

2. Surname (Last Name)
Madsen

3. Date
03-April-2014

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☐ Yes ☒ No

Corresponding Author's Name
Jakob Kristian Jakobsen

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Ernst Øyvind

2. Surname (Last Name)

Østraat

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03-April-2014

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☐ Yes

☒ No

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