

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)
Mike

2. Surname (Last Name)
Mortensen

3. Date
29-September-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Testicular metastasis from prostatic adenocarcinoma

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Mortensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Birte	2. Surname (Last Name) Engvad	3. Date 30-September-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mike Mortensen
5. Manuscript Title Testicular metastasis from prostatic adenocacinoma		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Engvad has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Louise

2. Surname (Last Name)
Geertsen

3. Date
30-September-2013

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Mike Mortensen

5. Manuscript Title
Testicular metastasis from prostatic adenocacinoma

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Niels	2. Surname (Last Name) Svolgaard	3. Date 30-September-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mike Mortensen
5. Manuscript Title Testicular metastasis from prostatic adenocarcinoma		
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Lars

2. Surname (Last Name)

Lund

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29-September-2013

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Yes No

Corresponding Author's Name

Mike Mortensen

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Dr. Lund nothing to disclose.

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