

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) Jeppe	2. Surname (Last Name) Kildsig	3. Date 19-October-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ebbe Thinggaard
5. Manuscript Title Nekrotisk ventrikel ledende til fosterdød 4 år efter fundoplíkation		
6. Manuscript Identifying Number (if you know it)		

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Ismail

2. Surname (Last Name)
Gögenur

3. Date
19-October-2013

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Yes No

Corresponding Author's Name
Ebbe Thinggaard

5. Manuscript Title
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Ebbe

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Thinggaard

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