

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Stine Finne

2. Surname (Last Name)
Jakobsen

3. Date
09-December-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Casestudie af forløbskoordinatorfunktionen for kræftpatienter:

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Charlotte

2. Surname (Last Name)
Topp

3. Date
11-November-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Casestudie af forløbskoordinatorfunktionen for kræftpatienter: Opfylder den sit formål?

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Tanja Le

2. Surname (Last Name)
Grønberg

3. Date
11-November-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Casestudie af forløbskoordinatorfunktionen for kræftpatienter: Opfylder den sit formål?

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Section 1. Identifying Information

1. Given Name (First Name)
Pauline

2. Surname (Last Name)
Thomsen

3. Date
08-November-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Case studie for forløbskoordinationen for kræftpatienter: Opfylder den sit formål?

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Dr. Thomsen has nothing to disclose.

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anne elisabeth

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bjerrum

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08-November-2013

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