

ICMJJE 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)

Henrik Bjørnsgaard

2. Surname (Last Name)

Madsen

3. Date

20-February-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Livstruende blødning ved nyopdaget nyresvigt og behandling med dabigatran

6. Manuscript Identifying Number (if you know it)

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Dr. Madsen has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sophie

2. Surname (Last Name)
Lütken

3. Date
21-February-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Henrik Bjørnsgaard Madsen

5. Manuscript Title

Livstruende blødning ved nyopdaget nyresvigt og behandling med dabigatran

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Jonas Agerlund

2. Surname (Last Name)

Povlsen

3. Date

21-February-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Henrik Bjørnsgaard Madsen

5. Manuscript Title

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Bo

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Løfgren

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21-February-2014

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