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Given Name (First Name)     anne Lisbeth	2. Surname (Last Name) Bohr	3. Date 16-February-2015
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Autoimmun hæmolytisk anæmi ve	d Mycoplasmapneumoni	
6. Manuscript Identifying Number (if y	UFL-02-15-0	0/6(
Section 2.		
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Dr. Bohr has not	thing to disclose.

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