

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Janne Foss

2. Surname (Last Name)

Berlac

3. Date

19-December-2013

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Obstetriske komplikationer hos kvinder med endometriose

6. Manuscript Identifying Number (if you know it)

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Dr. Berlac 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)
Dorthe

2. Surname (Last Name)
Hartwell

3. Date
21-December-2013

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Janne Berlac

5. Manuscript Title
Obstetriske komplikationer hos kvinder med endometriose

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Øjvind

2. Surname (Last Name)

Lidegaard

3. Date

21-December-2013

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Yes No

Corresponding Author's Name

Janne Berlac

5. Manuscript Title

Obstetriske komplikationer hos kvinder med endometriose

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1. Given Name (First Name) Jens	2. Surname (Last Name) Langhoff-Roos	3. Date 05-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Janne Berlac
5. Manuscript Title Obstetriske komplikationer hos kvinder med endometriose		
6. Manuscript Identifying Number (if you know it) UFL-01-14-0004.R2		

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