

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) _____ 2. Surname (Last Name) _____ 3. Date _____
Jakob Sch Ilhammer Knudsen 24. jun. 2015
4. Are you the corresponding author? Yes No
5. Manuscript Title
Bilateral skleritis som debutsymptom ved udiagnosticeret B-CLL
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Knudsen has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)

Kristian

2. Surname (Last Name)

Aasbjerg andersen

3. Date

24. jun. 2015

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

Bilateral skleritis som debutsymptom ved udiagnosticeret B-CLL

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Signe schøllhammer

2. Surname (Last Name)
Knudsen

3. Date
24. jun. 2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Bilateral scleritis som debutsymptom ved udiagnosticeret B-CLL

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1. Given Name (First Name)

Danson V.

2. Surname (Last Name)

Muttuvelu

3. Date

29-June-2015

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Yes No

5. Manuscript Title

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