

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ümit

2. Surname (Last Name)

Altintas

3. Date

14-November-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Arterielle afklemningssyndromer i underekstremiteten

6. Manuscript Identifying Number (if you know it)

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Altintas 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)

Ulf Vilhelm Johan

2. Surname (Last Name)

Helgstrand

3. Date

25-November-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Ümit Altintas

5. Manuscript Title

Arterielle afklemningssyndromer i underekstremiteten

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Helgstrand has nothing to disclose.

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1. Given Name (First Name)

Torben

2. Surname (Last Name)

Schroeder

3. Date

14-November-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ümit Altintas

5. Manuscript Title

Arterielle afklemningssyndromer i underekstremiteten

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### Section 1. Identifying Information

1. Given Name (First Name) Jonas Peter	2. Surname (Last Name) Eiberg	3. Date 25-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ümit Altintas
5. Manuscript Title Arterielle afklemningssyndromer i underekstremiteten		
6. Manuscript Identifying Number (if you know it)		

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