

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Eva

2. Surname (Last Name)

Rasmussen

3. Date

17-February-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Autoimmun Pankreatitis

6. Manuscript Identifying Number (if you know it)

UFL-01-15-0071

Section 2. The Work Under Consideration for Publication

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Dr. Rasmussen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Erik Feldager

2. Surname (Last Name)
Hansen

3. Date
04-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Eva Rasmussen

5. Manuscript Title
Autoimmun pancreatitis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Hansen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Ida	2. Surname (Last Name) Vind	3. Date 17-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eva Rasmussen
5. Manuscript Title Autoimmun pankreatitis		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Palle	2. Surname (Last Name) Schmidt	3. Date 17-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eva Rasmussen
5. Manuscript Title Autoimmun pancreatitis		
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Section 1. Identifying Information

1. Given Name (First Name) Srdan	2. Surname (Last Name) Novovic	3. Date 20-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eva Rasmussen
5. Manuscript Title Autoimmune pancreatit		
6. Manuscript Identifying Number (if you know it) 01-15-0071		

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