

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Berit Woetmann

2. Surname (Last Name)
Pedersen

3. Date
16-December-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Kemoterapi i graviditeten og raskt barn

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Pedersen 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) Mette	2. Surname (Last Name) Borg Clausen	3. Date 18-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Berit Woetmann Pedersen
5. Manuscript Title Kemoterapi i graviditeten og raskt barn		
6. Manuscript Identifying Number (if you know it)		

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Dr. Borg Clausen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jette Sønderkov	2. Surname (Last Name) Gørløv	3. Date 18-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Berit Woetmann Pedersen
5. Manuscript Title Kemoterapi i graviditeten og raskt barn		
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Section 1. Identifying Information

1. Given Name (First Name)

Jens

2. Surname (Last Name)

Langhoff-Roos

3. Date

18-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Berit Woetmann Pedersen

5. Manuscript Title

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1. Given Name (First Name) Lone	2. Surname (Last Name) Storgaard	3. Date 17-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Berit Woetmann Pedersen
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