

## ICMJE 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) Jakob G.	2. Surname (Last Name) Astrup	3. Date 14-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Lyngsaa Lang
5. Manuscript Title Behandling af brandsår fra skadested til specialafdeling.		
6. Manuscript Identifying Number (if you know it) UFL-01-15-0046		

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

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.)?

Are there any relevant conflicts of interest?  Yes  No

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Dr. Astrup 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)

Rikke

2. Surname (Last Name)

Holmgaard

3. Date

14-February-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Christian Lyngsaa Lang

5. Manuscript Title

Behandling af brandsår fra skadested til specialafdeling.

6. Manuscript Identifying Number (if you know it)

UFL-01-15-0046

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Dr. Holmgaard has nothing to disclose.

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1. Given Name (First Name) Søren	2. Surname (Last Name) Partoft	3. Date 14-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Lyngsaa Lang
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1. Given Name (First Name)

Christian Lyngsaa

2. Surname (Last Name)

Lang

3. Date

14-February-2015

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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