

## 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) Marie	2. Surname (Last Name) Bønnelycke	3. Date 24-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ester M.B. Jessen
5. Manuscript Title Melæna som debutsymptom ved amyloidose		
6. Manuscript Identifying Number (if you know it)		

### 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. Bønnelycke 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)  
Ester M. Bjørn

2. Surname (Last Name)  
Jessen

3. Date  
23-June-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Melæna som debutssymptom ved amyloidose

6. Manuscript Identifying Number (if you know it)

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

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Dr. Jessen has nothing to disclose.

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1. Given Name (First Name) Andreas	2. Surname (Last Name) Nordholm-Carstensen	3. Date 24-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ester M.B. Jessen
5. Manuscript Title Melæna som debutsymptom ved amyloidose		
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1. Given Name (First Name)

Liv Bjerre Juul

2. Surname (Last Name)

Nielsen

3. Date

24-June-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ester Margarethe Bjørn Jessen

5. Manuscript Title

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