

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anne Pernille	2. Surname (Last Name) Hermann	3. Date 26-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sigurd Broesby-Olsen
5. Manuscript Title Mastocytose		
6. Manuscript Identifying Number (if you know it) UFL-05-15-0443		

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1. Given Name (First Name) Michael Boe	2. Surname (Last Name) Møller	3. Date 26-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sigurd Broesby-Olsen
5. Manuscript Title Mastocytose		
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Section 1. Identifying Information

1. Given Name (First Name)
Sigurd

2. Surname (Last Name)
Brosby-Olsen

3. Date
26-October-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Mastocytose

6. Manuscript Identifying Number (if you know it)
UFL-05-15-0443

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Dr. Broesby-Olsen has nothing to disclose.

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1. Given Name (First Name) Thomas Kielsgaard	2. Surname (Last Name) Kristensen	3. Date 26-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sigurd Broesby-Olsen
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Molecular biologist Thomas Kristensen has nothing to disclose.

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1. Given Name (First Name) Carsten	2. Surname (Last Name) Bindslev-Jensen	3. Date 26-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sigurd Broesby-Olsen
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Section 1. Identifying Information

1. Given Name (First Name) Charlotte G.	2. Surname (Last Name) Mørtz	3. Date 26-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sigurd Broesby-Olsen
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Hanne	2. Surname (Last Name) Vestergaard	3. Date 26-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sigurd Broesby-Olsen
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