

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)
Andreas

2. Surname (Last Name)
Fløe

3. Date
20-January-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Lungeinfeksjoner med non-tuberkuløse mykobakterier

6. Manuscript Identifying Number (if you know it)

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Dr. Fløe has nothing to disclose.

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1. Given Name (First Name) Ole	2. Surname (Last Name) Hilberg	3. Date 20-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andreas Fløe
5. Manuscript Title Lungeinfektioner med non-tuberkuløse mykobakterier		
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1. Given Name (First Name) Troels	2. Surname (Last Name) Lillebaek	3. Date 19-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andreas Fløe Nielsen
5. Manuscript Title Lungeinfektioner med non-tuberkuløse mykobakterier		
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