

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)
Anita

2. Surname (Last Name)
Bergström

3. Date
25-March-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Rasmus á Rogvi

5. Manuscript Title

Blödende esofagusvaricer hos en 7-årig dreng som formodet senkomplikation til navle-vene-kateter i neonatalperioden

6. Manuscript Identifying Number (if you know it)

UFL-10-15-0853

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Dr. Bergström 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) Fie	2. Surname (Last Name) Gregersen Møller	3. Date 25-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rasmus á Rogvi
5. Manuscript Title Blødende esofagusvaricer hos en 7-årig dreng som formodet senkomplikation til navle-vene-kateter i neonatalperioden		
6. Manuscript Identifying Number (if you know it) UFL-10-15-0853		

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Dr. Gregersen Møller has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Inge	2. Surname (Last Name) Bøtker Ifaoui	3. Date 25-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rasmus á Rogvi
5. Manuscript Title Blødende esofagusvaricer hos en 7-årig dreng som formodet senkomplikation til navle-vene-kateter i neonatalperioden		
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1. Given Name (First Name)
Marianne

2. Surname (Last Name)
Hørby Jørgensen

3. Date
25-March-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Rasmus á Rogvi

5. Manuscript Title

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Dr. Hørby Jørgensen has nothing to disclose.

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Rasmus

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á Rogvi

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