

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Section 1. Identifying Information

1. Given Name (First Name)

Eskild IW

2. Surname (Last Name)

Henneberg

3. Date

11-December-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ingrid L Feuerhake

5. Manuscript Title

IPC(Intermitterende pneumatisk kompression) behandling til patienter med kritisk underekstremitets iskæmi uden kirurgiske behandlingstilbud

6. Manuscript Identifying Number (if you know it)

UFL-08-15-0700

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MD, Eskild IW Henneberg has nothing to disclose.

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Ingrid L

2. Surname (Last Name)

Feuerhake

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11-December-2015

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1. Given Name (First Name) Annette	2. Surname (Last Name) Høgh	3. Date 11-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ingrid L Feuerhake
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