

## 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) Vera	2. Surname (Last Name) Skødt	3. Date 10-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anders Klit
5. Manuscript Title Maligne adnekstumorer i huden		
6. Manuscript Identifying Number (if you know it) UFL-08-15-0697		

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

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Dr. Skødt 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)

Ulrikke

2. Surname (Last Name)

Lei

3. Date

28-January-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anders Klit

5. Manuscript Title

Maligne adnekstumorer i huden

6. Manuscript Identifying Number (if you know it)

UFL-08-15-0697

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Dr. Lei 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) Jennifer Berg	2. Surname (Last Name) Drej�e	3. Date 28-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anders Klit
5. Manuscript Title Maligne adnekstumorer i huden		
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Dr. Drejøe has nothing to disclose.

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1. Given Name (First Name) Ann	2. Surname (Last Name) Hærskjold	3. Date 28-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anders Klit
5. Manuscript Title Maligne adnekstumorer i huden		
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Dr. Hærskjold has nothing to disclose.

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Anders

2. Surname (Last Name)  
Klit

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28-January-2016

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