

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anders Bech

2. Surname (Last Name)
Jørgensen

3. Date
27-April-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Plasmaferese er en behandlingsmulighed ved akut pankreatitis udløst af hypertriglyceridæmi

6. Manuscript Identifying Number (if you know it)
UFL-03-16-0217

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Jørgensen has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mette Brimnes

2. Surname (Last Name)
Damholt

3. Date
28-April-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Anders Bech Jørgensen /Srdan Novovic

5. Manuscript Title

Plasmaferese er en behandlingsmulighed ved akut pankreatitis udløst af hypertriglyceridæmi

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UFL-03-16-0217

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Dr. Damholt has nothing to disclose.

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1. Given Name (First Name)

Palle Nordblad

2. Surname (Last Name)

Schmidt

3. Date

05-March-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Anders Bech Jørgensen

5. Manuscript Title

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Srdan

2. Surname (Last Name)
Novovic

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28-April-2016

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Yes No

Corresponding Author's Name
Anders Bech Jørgensen

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