

## 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)  
Pernille

2. Surname (Last Name)  
Henriksen

3. Date  
20-October-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Epidural absces sekundært til sinuitis

6. Manuscript Identifying Number (if you know it)  
UFL-07-16-0502

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

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Dr. Henriksen 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)

Lisbeth

2. Surname (Last Name)

Samsø Schmidt

3. Date

20-October-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Pernille Henriksen

5. Manuscript Title

Epidural absces sekundært til sinuitis

6. Manuscript Identifying Number (if you know it)

UFL-07-16-0502

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Dr. Samsø Schmidt has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Marianne	2. Surname (Last Name) Sjølin Frederiksen	3. Date 20-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pernille Henriksen
5. Manuscript Title Epidural absces sekundært til sinuitis		
6. Manuscript Identifying Number (if you know it) UFL-07-16-0502		

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Dr. Sjølin Frederiksen has nothing to disclose.

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Noushin	2. Surname (Last Name) Yazdanyar	3. Date 06-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pernille Henriksen
5. Manuscript Title Epidural absces sekundært til sinuitis		
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Dr. Yazdanyar has nothing to disclose.

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