

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Given Name (First Name) Mette	2. Surname (Last Name) Lauridsen	3. Date 21-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Ilkjær
5. Manuscript Title Effekt af julenisserier på humøret blandt læger –et randomiseret, blindet interventionsstudie		
6. Manuscript Identifying Number (if you know it) UFL-11-15-0858		

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Dr. Lauridsen has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Vibeke	2. Surname (Last Name) Hjordtal	3. Date 21-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Ilkjær
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