

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) David	2. Surname (Last Name) Gaist	3. Date 03-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emil Greve Pedersen
5. Manuscript Title Paraneoplastisk myasthenia gravis og polymyositis sekundær til thymom hos yngre kvinde		
6. Manuscript Identifying Number (if you know it)		

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Dr. Gaist 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)

Emil Greve

2. Surname (Last Name)

Pedersen

3. Date

05-April-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Paraneoplastisk myasthenia gravis og polymyositis sekundær til thymom hos yngre kvinde

6. Manuscript Identifying Number (if you know it)

UFL-12-15-0969

Section 2. The Work Under Consideration for Publication

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Dr. Pedersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Henrik Daa

2. Surname (Last Name)

Schrøder

3. Date

05-April-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Emil Greve Pedersen

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Hans Christian	2. Surname (Last Name) Horn	3. Date 05-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emil Greve Pedersen
5. Manuscript Title Paraneoplastisk myasthenia gravis og polymyositis sekundær til thymom hos yngre kvinde		
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Shabnam

2. Surname (Last Name)

Ezzatianahar

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Emil Greve Pedersen

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