



ICMJJE 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)
Iselin

2. Surname (Last Name)
Saltvig

3. Date
12-April-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Diagnostik og behandling af inverterede brystvorter

6. Manuscript Identifying Number (if you know it)
UFL-01-16-0024

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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Are there any relevant conflicts of interest? Yes No

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Dr. Saltvig 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 Holmqvist	2. Surname (Last Name) Oldenburg	3. Date 14-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Iselin Saltvig
5. Manuscript Title Diagnostik og behandling af inverterede brystvorter		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Oldenburg has nothing to disclose.

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1. Given Name (First Name) Steen	2. Surname (Last Name) Matzen	3. Date 12-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Iselin Saltvig
5. Manuscript Title Diagnostik og behandling af inverterede brystvorter		
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1. Given Name (First Name) helle	2. Surname (Last Name) sjøstrand	3. Date 13-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name iselin saltvig
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