

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lana

2. Surname (Last Name)

Ramazan-Yousif

3. Date

29-June-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Laktatacidose - Når skurken er en beta-2-agonist

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Ramazan-Yousif have nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Troels K

2. Surname (Last Name)

Bergmann

3. Date

20-June-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lana Ramazan-Yousig

5. Manuscript Title

Laktatacidose. Når skurken er en beta2-agonist.

6. Manuscript Identifying Number (if you know it)

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Dr. Bergmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Nick Phaff

2. Surname (Last Name)

Steen

3. Date

15-June-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lana Ramazan

5. Manuscript Title

Laktatacidose - når skurken er beta-2-agonist

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Dr. Steen has nothing to disclose.

16/6-16 *Wilde Steen*

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Dr. Madsen reports non-financial support from Norpharma, personal fees and non-financial support from Intermune, non-financial support from Olympus, personal fees and non-financial support from Sandoz, personal fees from AstraZeneca, non-financial support from Boehringer-Ingelheim, outside the submitted work; .

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1. Given Name (First Name) Signe	2. Surname (Last Name) Albertsen	3. Date 21-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lana Ramazan-Yousif
5. Manuscript Title Laktatacidose - når skurken er en beta-2-agonist.		
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