

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name)

Omar

2. Surname (Last Name)

A. Karim

3. Date

05-September-2016

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Cerebral venetrombose hos ung kvinde tolket som migræneanfald.

6. Manuscript Identifying Number (if you know it)

UFL-09-16-0616

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Dr. A. Karim has nothing to disclose.

Evaluation and Feedback

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Adis

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Dizdarevic

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05-September-2016

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Corresponding Author's Name

Omar A. Karim

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Omar A. Karim
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