

## 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.

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#### 2. The work under consideration for publication.

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Anette

2. Surname (Last Name)

Bygum

3. Date

05-October-2016

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Farmakologisk behandling af børn med infantile hæmangiomer

6. Manuscript Identifying Number (if you know it)

UFL-06-16-0434

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Dr. Bygum has nothing to disclose.

### Evaluation and Feedback

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Annette	2. Surname (Last Name) Schuster	3. Date 06-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anette Bygum
5. Manuscript Title Farmakologisk behandling af børn med infantile hæmangiomer		
6. Manuscript Identifying Number (if you know it) UFL-06-16-0434		

### Section 2. The Work Under Consideration for Publication

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Dr. Schuster has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Hanne Kalleklev	2. Surname (Last Name) Velure	3. Date 05-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anette Bygum
5. Manuscript Title Farmakologisk behandling af børn med infantile hæmangiomer		
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Hanne Velure has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Ulla Birgitte	2. Surname (Last Name) Hartling	3. Date 06-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anette Bygum
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Dr. Hartling has nothing to disclose.

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