

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)

Jørgen

2. Surname (Last Name)

Kurtzhals

3. Date

20-October-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Micha Jepsen

5. Manuscript Title

Dansk malariaforskning: fra spæd begyndelse til international styrkeposition

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Kurtzhals 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) Lars	2. Surname (Last Name) Hviid	3. Date 22-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Dansk malariaforskning: fra spæd begyndelse til international styrkeposition		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Hviid has nothing to disclose.

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1. Given Name (First Name) Søren	2. Surname (Last Name) Jepsen	3. Date 11-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Micha Jepsen
5. Manuscript Title Dansk malariaforskning: fra spæd begyndelse til international styrkeposition		
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Micha

2. Surname (Last Name)
Jepsen

3. Date
22-October-2016

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