

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Josiasen

3. Date

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
UFL-01-17-0030

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

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Dr. Josiassen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Christian

2. Surname (Last Name)  
Grønhøj Larsen

3. Date

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Michael Josiassen

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
UFL-01-17-0030

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Dr. Grønhøj Larsen has nothing to disclose.

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1. Given Name (First Name)  
Christel

2. Surname (Last Name)  
Lajer

3. Date

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☐ Yes ☒ No

Corresponding Author's Name  
Michael Josiassen

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
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Birgitte

2. Surname (Last Name)  
Charabi

3. Date

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☐ Yes ☒ No

Corresponding Author's Name  
Michael Josiassen

5. Manuscript Title

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Dr. Charabi has nothing to disclose.

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Christian

2. Surname (Last Name)  
Buchwald

3. Date

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☐ Yes ☒ No

Corresponding Author's Name  
Michael Josiassen

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
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