

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) Christel Bræmer	2. Surname (Last Name) Lajer	3. Date 30-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Lisbeth Bohr
5. Manuscript Title TRANSMISSION OG INFEKTION AF HUMAN PAPILOMA VIRUS I MUNDSVÆLGET		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Lajer has nothing to disclose.

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1. Given Name (First Name)
Anne

2. Surname (Last Name)
Bohr

3. Date
27-September-2016

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Christian von

2. Surname (Last Name)

Buchwald

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27-September-2016

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Yes No

Corresponding Author's Name

Anne Bohr

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