

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) Karin Dahl	2. Surname (Last Name) Assing	3. Date 30-January-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Eske Roth
5. Manuscript Title Arbejdsbetinget astma hos Ortopædkirurg		
6. Manuscript Identifying Number (if you know it) UFL-01-17-0028		

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. Assing 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)

Ulla Møller

2. Surname (Last Name)

Weinreich

3. Date

28-January-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Eske Roth

5. Manuscript Title

Arbejdsbetinget astma hos Ortopædkirurg

6. Manuscript Identifying Number (if you know it)

UFL-01-17-0028

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Dr. Weinreich has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Christina Blanner

2. Surname (Last Name)

Kristiansen

3. Date

24-January-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Eske Roth

5. Manuscript Title

Arbejdsbetinget astma hos Ortopædkirurg

6. Manuscript Identifying Number (if you know it)

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Eske

2. Surname (Last Name)

Roth

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24-January-2017

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☒ Yes ☐ No

5. Manuscript Title

Arbejdsbetinget astma hos Ortopædkirurg

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