

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stine

2. Surname (Last Name)
Hald

3. Date
29-December-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
En apopleksi "lookalike": Hemichorea hos en patient med non-ketotisk hyperglykæmi

6. Manuscript Identifying Number (if you know it)
UFL-11-16-0798

Section 2. The Work Under Consideration for Publication

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Dr. Hald 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) Willy	2. Surname (Last Name) Krone	3. Date 02-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stine Munk Hald
5. Manuscript Title En apopleksi "lookalike": Hemichorea hos en patient med non-ketotisk hyperglykæmi		
6. Manuscript Identifying Number (if you know it) UFL-11-16-0798		

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)

Zahid Abbas

2. Surname (Last Name)

Minhas

3. Date

30-December-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Stine Munk Hald

5. Manuscript Title

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