

Instructions

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Section 1. Identifying	Information	
1. Given Name (First Name) Michael	2. Surname (Last Name) Josiassen	3. Date 22-January-2017
4. Are you the corresponding auth	or? 🖌 Yes 🗌 No	
5. Manuscript Title Partiel fingeramputation efter f	jæsingstik og 2. gradsforbrænding	
6. Manuscript Identifying Number		

UFL-01-17-0031

Section 2. The Work Under Consideration for Publication

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✓ No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes 🗸 No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Josiassen has nothing to disclose

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1. Given Name (Fi Søren	rst Name)	2. Surname (Last Name) Partoft	3. Date 22-January-2017	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Michael Josiassen	
5. Manuscript Title Partiel fingeram		stik og 2. gradsforbrændin	9	
6. Manuscript Ider UFL-01-17-0031	ntifying Number (if you k	now it)		

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Are there any relevant conflicts of interest?	Y	es
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No

Are there any relevant conflicts of interest?		Yes	\checkmark
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