

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name)
Anna
2. Surname (Last Name)
García-Alix Grynnerup
3. Date
28-February-2017
4. Are you the corresponding author? Yes No Corresponding Author's Name _____
5. Manuscript Title
Klinisk anvendelse af Anti-Müllersk Hormon (AMH) i fertilitetsbehandling
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. García-Alix Grynnerup 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) Kristine Løssl	2. Surname (Last Name) Løssl	3. Date 13-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fie Pilsgaard
5. Manuscript Title Klinisk anvendelse af Anti-Müllersk Hormon (AMH) i fertilitetsbehandling		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Løssl has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Anja	2. Surname (Last Name) Pinborg	3. Date 14-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fie Pilsgaard
5. Manuscript Title Klinisk anvendelse af Anti-Müllersk Hormon (AMH) i fertilitetsbehandling		
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1. Given Name (First Name)
Fie

2. Surname (Last Name)
Pilsgaard

3. Date
02-March-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Klinisk anvendelse af Anti-Müllersk Hormon (AMH) i fertilitetsbehandling

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