

## ICMJJE 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) Jesper	2. Surname (Last Name) Bech	3. Date 25-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sophie Ekeloef
5. Manuscript Title Brug af noradrenalin på perifer venekanyle...		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Bech 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) Sarah	2. Surname (Last Name) Ekeløf	3. Date 25-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sophie Amalie Ekeløf
5. Manuscript Title Brug af noradrenalin på perifer venekanyle hos operationspatienten		
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1. Given Name (First Name) Peter	2. Surname (Last Name) Ekeløf	3. Date 23-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sophie Amalie Ekeløf
5. Manuscript Title Brug af noradrenalin på perifer venekanyle hos operationspatienten		
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Sophie Amalie

2. Surname (Last Name)  
Ekeløf

3. Date  
23-February-2017

4. Are you the corresponding author?  Yes  No

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