

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)
Dorthe

2. Surname (Last Name)
Grosen

3. Date
17-April-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Ea Sofie Marmolin

5. Manuscript Title
Rat bite fever diagnosticeret hos 3-årigt barn

6. Manuscript Identifying Number (if you know it)

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Dr. Grosen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mads

2. Surname (Last Name)
Damkjær

3. Date
17-April-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Ea Sofie Marmolin

5. Manuscript Title
Rat bite fever diagnosticeret hos 3-årigt barn

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Ea Sofie

2. Surname (Last Name)
Marmolin

3. Date
27-April-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Rat bite fever diagnosticeret hos 3-årigt barn

6. Manuscript Identifying Number (if you know it)
UFL-02-17-0146

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1. Given Name (First Name)

Joanna

2. Surname (Last Name)

Lis-Tønder

3. Date

19-April-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Ea Sofie Marmolin

5. Manuscript Title

Rat bite fever diagnosticeret hos 3-årigt barn

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