

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) Andreas Lund	2. Surname (Last Name) Hattesen	3. Date 23-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne-Mette Hvas
5. Manuscript Title Hyperfibrinolytisk dissemineret intravaskulær koagulation ved drukneulykker		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Hattesen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Henrik Karsten

2. Surname (Last Name)

Berg

3. Date

23-November-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Anne-Mette Hvas

5. Manuscript Title

Hyperfibrinolytisk dissemineret intravaskulær koagulation ved drukneulykker

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Dr. Berg has nothing to disclose.

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1. Given Name (First Name)

Lars

2. Surname (Last Name)

Folkersen

3. Date

23-November-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Anne-Mette Hvas

5. Manuscript Title

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Hvas

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