

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Eske

2. Surname (Last Name)

Brand

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jakob Klit

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

69592

Section 2. The Work Under Consideration for Publication

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Dr. Brand has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Per Hviid

2. Surname (Last Name)
Gundtoft

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jakob Klit

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
69592

Section 2. The Work Under Consideration for Publication

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Dr. Gundtoft has nothing to disclose.

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1. Given Name (First Name) Peter Toft	2. Surname (Last Name) Tengberg	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jakob Klit
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) 69592		

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1. Given Name (First Name)

Jakob

2. Surname (Last Name)

Klit

3. Date

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1. Given Name (First Name) Kristoffer Weisskirchner	2. Surname (Last Name) Barfod	3. Date
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