

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anne Birgitte

2. Surname (Last Name)
Simonsen

3. Date

4. Are you the corresponding author? Yes No

5. Manuscript Title
Symptomatisk zinkmangel hos brystnæret spædbarn

6. Manuscript Identifying Number (if you know it)
UFL-03-17-0215

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Dr. Simonsen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lone	2. Surname (Last Name) Hvid	3. Date 23-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Birgitte Simonsen
5. Manuscript Title Symptomatisk zinkmangel hos brystnæret spædbarn		
6. Manuscript Identifying Number (if you know it) UFL-03-17-0215		

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Gitte	2. Surname (Last Name) Zachariassen	3. Date 22-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Birgitte N Simonsen
5. Manuscript Title Symptomatisk zinkmangel hos brystnæret spædbarn		
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Section 1. Identifying Information

1. Given Name (First Name)

Karina Dyrvig

2. Surname (Last Name)

Honoré

3. Date

22-March-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Anne Birgitte Nørremark Simonsen

5. Manuscript Title

Symptomatisk zinkmangel hos brystnæret spædbarn

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