

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name)

Maja

2. Surname (Last Name)

Villefrance Rasmussen

3. Date

05-April-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Kompression; En vigtig faktor i behandling af erysipelas

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Villefrance Rasmussen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Annette

2. Surname (Last Name)

Høgh

3. Date

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Kompression; En vigtig faktor i behandlingen af erysipelas

6. Manuscript Identifying Number (if you know it)

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I have no disclosures to announce

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1. Given Name (First Name)
Lena

2. Surname (Last Name)
Hagelskjaer Kristensen

3. Date
06-April-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Maja Villefrance Rasmussen

5. Manuscript Title
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