

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) Arnold	2. Surname (Last Name) Dungu	3. Date 16-August-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anja Sofie Petersen
5. Manuscript Title Shewanella Algae-bakteriæmi efter ferie i Thailand.		
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 1. Identifying Information

1. Given Name (First Name)
Anja Sofie

2. Surname (Last Name)
Petersen

3. Date
15-August-2017

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

5. Manuscript Title
Shewanella Algae-bakteriæmi efter ferie i Thailand.

6. Manuscript Identifying Number (if you know it)

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Frederik

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Federspiel

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Dr. Søborg has nothing to disclose.

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