

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Michael Festersen

2. Surname (Last Name)

Nielsen

3. Date

15-February-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Radiologisk diagnostik og behandling af akut cholecystitis

6. Manuscript Identifying Number (if you know it)

UFL-02-17-0126

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1. Given Name (First Name) Lise	2. Surname (Last Name) Gammelgaard	3. Date 15-February-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael F Nielsen
5. Manuscript Title Radiologisk diagnostik og behandling af akut cholecystitis		
6. Manuscript Identifying Number (if you know it) UFL-02-17-0126		

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