

## 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)

Jesper Rømhild

2. Surname (Last Name)

Davidson

3. Date

30-May-2017

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Kroniske Pulmonale Aspergilloser

6. Manuscript Identifying Number (if you know it)

UFL-04-17-0299

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Davidsen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Flemming

2. Surname (Last Name)  
Rosenvinge

3. Date  
02-May-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jesper Rømhild Davidsen

5. Manuscript Title  
Kroniske Pulmonale Aspergilloser

6. Manuscript Identifying Number (if you know it)  
UFL-04-17-0299

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1. Given Name (First Name)  
Kristian

2. Surname (Last Name)  
Assing

3. Date  
02-May-2017

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Yes  No

Corresponding Author's Name  
Jesper Rømhild Davidsen

5. Manuscript Title  
Kroniske Pulmonale Aspergilloser

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1. Given Name (First Name)

Christian Borbjerg

2. Surname (Last Name)

Laursen

3. Date

02-May-2017

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Yes

No

Corresponding Author's Name

Jesper Rømhild Davidsen

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