

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)
Michael Buch

2. Surname (Last Name)
Tøstesen

3. Date
16-June-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Succesfuld behandling af akut promyelocyt leukæmi uden brug af kemoterapi og blodtransfusion

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Lene Sofie Granfeldt

2. Surname (Last Name)

Østgård

3. Date

15-June-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Buch Tøstesen

5. Manuscript Title

Succesfuld behandling af akut promyelocyt leukæmi uden brug af kemoterapi og blodtransfusion

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Jesper	2. Surname (Last Name) Stentoft	3. Date 16-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Tøstesen
5. Manuscript Title Succesfuld behandling af akut promyelocyt leukæmi uden brug af kemoterapi og blodtransfusion		
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Jan Maxwell

2. Surname (Last Name)

Nørgaard

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17-June-2017

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Corresponding Author's Name

Michael Buch Tøstesen

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Dr. Nørgaard has nothing to disclose.

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