

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJJE 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

Akut promyelocytleukæmi

6. Manuscript Identifying Number (if you know it)

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Buch Tøstesen
5. Manuscript Title Akut promyelocytleukæmi		
6. Manuscript Identifying Number (if you know it)		

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

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1. Given Name (First Name) Eigil	2. Surname (Last Name) Kjeldsen	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 Akut promyelocytleukæmi		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)

Jesper

2. Surname (Last Name)

Stentoft

3. Date

16-June-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Michael Tøstesen

5. Manuscript Title

Akut promyelocytleukæmi

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Jan Maxwell

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Nørgaard

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Dr. Nørgaard has nothing to disclose.

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