

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)
Anne

2. Surname (Last Name)
Søjbjerg

3. Date
02-March-2017

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

5. Manuscript Title
Insulinom. En sjælden årsag til svær hypoglykæmi efter gastrisk bypass operation for svær overvægt.

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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Dr. Søjbjerg has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Bjørn

2. Surname (Last Name)
Richelsen

3. Date
14-March-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Anne Søjbjerg

5. Manuscript Title
Insulinom. En sjælden årsag til svær hypoglykæmi efter gastrisk bypass

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1. Given Name (First Name)

Per Løgstrup

2. Surname (Last Name)

Poulsen

3. Date

14-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Anne Søjbjerg

5. Manuscript Title

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Stine

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Kramer

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Corresponding Author's Name
Anne Søjbjerg

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