

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Jakob

2. Surname (Last Name)
Felbo Paulsen

3. Date
17-May-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Gynækomasti

6. Manuscript Identifying Number (if you know it)
UFL-01-17-0065

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None of the other authors have any disclosures

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Section 1. Identifying Information

1. Given Name (First Name) Mikkel	2. Surname (Last Name) Mieritz	3. Date 22-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jakob Felbo
5. Manuscript Title Gynækomasti		
6. Manuscript Identifying Number (if you know it) UFL-01-17-0065		

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1. Given Name (First Name)
Niels

2. Surname (Last Name)
Jørgensen

3. Date
22-May-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jakob Felbo

5. Manuscript Title
Gynækomasti

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Berg

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