

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sara Haunstrup

2. Surname (Last Name)

Næraa

3. Date

09-September-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Lovende resultater af intralymfatisk allergen-specifik immunterapi

6. Manuscript Identifying Number (if you know it)

UFL-05-17-0425

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Næraa has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Niels Erik Harbo	2. Surname (Last Name) Schollert	3. Date 09-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sara Haunstrup Naeraa
5. Manuscript Title Lovende resultater af intralymfatisk allergen-specifik immunterapi		
6. Manuscript Identifying Number (if you know it) UFL-05-17-0425		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Schollert has nothing to disclose.

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1. Given Name (First Name) Peter Nytofte Flader	2. Surname (Last Name) Skov	3. Date 09-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sara Haunstrup Næraa
5. Manuscript Title Lovende resultater af intralymfatisk allergen-specifik immunterapi		
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