

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)

Kristina Langholz

2. Surname (Last Name)

Kristensen

3. Date

03-November-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Tuberkulose blandt asylansøgere

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Kristensen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marie	2. Surname (Last Name) Nørredam	3. Date 03-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristina Langholz Kristensen
5. Manuscript Title Tuberkulose blandt asylansøgere		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Nørredam has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Troels

2. Surname (Last Name)

Lillebæk

3. Date

03-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kristina Langholz Kristensen

5. Manuscript Title

Tuberkulose blandt asylansøgere

6. Manuscript Identifying Number (if you know it)

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Dr. Lillebæk has nothing to disclose.

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Ebbe

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Munk-Andersen

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03-November-2017

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Yes No

Corresponding Author's Name

Kristina Langholz Kristensen

5. Manuscript Title

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Dr. Munk-Andersen has nothing to disclose.

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Dr. Ravn has nothing to disclose.

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