

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)

Jørn Bo

2. Surname (Last Name)

Thomsen

3. Date

10-November-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Fedttransplantation til brystet

6. Manuscript Identifying Number (if you know it)

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Dr. Thomsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Gudjon Leifur

2. Surname (Last Name)

Gunnarsson

3. Date

10-November-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Jørn Bo Thomsen

5. Manuscript Title

Fedtttransplantation til brystet

6. Manuscript Identifying Number (if you know it)

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Dr. Gunnarsson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Christina

2. Surname (Last Name)
Gramkow

3. Date
10-November-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jørn Bo Thomsen

5. Manuscript Title
Fedttransplantation til brystet

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Jens Ahm

2. Surname (Last Name)

Sørensen

3. Date

10-November-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jørn Bo Thomsen

5. Manuscript Title

Fedttransplantation til brystet

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Kasper

2. Surname (Last Name)
Von Rosen

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10-November-2017

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☐ Yes

☒ No

Corresponding Author's Name
Jørn Bo Thomsen

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