

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Søren

2. Surname (Last Name)
Birkeland

3. Date
05-December-2017

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

5. Manuscript Title
Medicinafstemning

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Birkeland has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lars Ulrik

2. Surname (Last Name)

Gerdes

3. Date

12-December-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Søren Fryd Birkeland

5. Manuscript Title

Medicinafstemning

6. Manuscript Identifying Number (if you know it)

UFL-12-17-0918 - Medicinafstemning

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Section 1. Identifying Information

1. Given Name (First Name)
Christian

2. Surname (Last Name)
von Plessen

3. Date
12-December-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Søren Birkeland

5. Manuscript Title
Medicinafstemning

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Henning Boje

2. Surname (Last Name)

Andersen

3. Date

06-December-2107

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Søren Birkeland

5. Manuscript Title

Medicinafstemning

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Dorthe Vilstrup

2. Surname (Last Name)

Tomsen

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07-December-2017

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☐ Yes

☒ No

Corresponding Author's Name

Søren Fryd Birkeland

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UFL-12-17-0918

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