

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)
Mike Mikkelsen

2. Surname (Last Name)
Lorenzen

3. Date
05-July-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
The psychological impact of body contouring surgery - Planning a patient education program

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Mr. Lorenzen 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)
Lotte

2. Surname (Last Name)
Poulsen

3. Date
04-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mike Mikkelsen Lorenzen

5. Manuscript Title

The psychological impact of body contouring surgery - Planning a patient education program

6. Manuscript Identifying Number (if you know it)

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Dr. Poulsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Signe	2. Surname (Last Name) Poulsen	3. Date 05-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mike Mikkelsen Lorenzen
5. Manuscript Title The psychological impact of body contouring surgery - Planning a patient education program		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)

Jens Ahm

2. Surname (Last Name)

Sørensen

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05-July-2017

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Yes

No

Corresponding Author's Name

Mike Mikkelsen Lorenzen

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1. Given Name (First Name)

Kirsten Kaya

2. Surname (Last Name)

Roessler

3. Date

05-July-2017

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Yes

No

Corresponding Author's Name

Mike Mikkelsen Lorenzen

5. Manuscript Title

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