

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)
Finn Ole

2. Surname (Last Name)
Larsen

3. Date
24-October-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Safety and Feasibility of Home-based Chemotherapy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Larsen 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) Anne Birgitte	2. Surname (Last Name) Christiansen	3. Date 24-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Finn Ole Larsen
5. Manuscript Title Safety and Feasibility of Home-based Chemotherapy		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Christiansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Annette	2. Surname (Last Name) Rishøj	3. Date 24-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Finn Ole Larsen
5. Manuscript Title Safety and Feasibility of Home-based Chemotherapy		
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Dr. Rishøj has nothing to disclose.

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1. Given Name (First Name) Knud Mejer	2. Surname (Last Name) Nelausen	3. Date 24-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Finn Ole Larsen
5. Manuscript Title Safety and Feasibility of Home-based Chemotherapy		
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Dr. Nielsen has nothing to disclose.

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