

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)  
Nina

2. Surname (Last Name)  
Friis-Møller

3. Date  
27-November-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Marie Møller

5. Manuscript Title  
Mukokutan manifestation af Leishmania tropica hos flygtning fra Syrien

6. Manuscript Identifying Number (if you know it)  
UFL-05-17-0415

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Friis-Møller has nothing to disclose.

### Evaluation and Feedback

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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)  
Møller

3. Date  
12-November-2017

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

5. Manuscript Title  
Mukokutan manifestation af Leishmania tropica hos flygtning fra Syrien

6. Manuscript Identifying Number (if you know it)  
UFL-05-17-0415

### Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Møller 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) Frederik Neess	2. Surname (Last Name) Engsig	3. Date 03-December-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Mukokutan manifestation af Leishmania tropica hos flygtning fra Syrien		
6. Manuscript Identifying Number (if you know it) UFL-05-17-0415		

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### Section 1. Identifying Information

1. Given Name (First Name) Toke	2. Surname (Last Name) Barfod	3. Date 17-November-2017
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4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Mukokutan manifestation af Leishmania tropica hos flygtning fra Syrien

6. Manuscript Identifying Number (if you know it)  
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