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)**
   - Nina

2. **Surname (Last Name)**
   - Friis-Møller

3. **Date**
   - 27-November-2017

4. **Are you the corresponding author?**
   - Yes

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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Section 6. Disclosure Statement

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Dr. Friis-Møller has nothing to disclose.

Evaluation and Feedback

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<tr>
<td>Marie</td>
<td>Møller</td>
<td>12-November-2017</td>
</tr>
</tbody>
</table>

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

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

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Dr. Møller has nothing to disclose.

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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?  
[ ] Yes  [x] No  
Corresponding Author’s Name

5. Manuscript Title  
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<td>Barfod</td>
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