

## 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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**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)  
Birgitte Goldschmidt

2. Surname (Last Name)  
Mertz

3. Date  
01-May-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Niels Kroman

5. Manuscript Title  
Carcinoma in situ i brystet

6. Manuscript Identifying Number (if you know it)

### 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.)?

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Dr. Mertz 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)

Linnea

2. Surname (Last Name)

Langhans

3. Date

28-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Niels Kroman

5. Manuscript Title

Carcinoma in situ i brystet

6. Manuscript Identifying Number (if you know it)

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

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Dr. Langhans has nothing to disclose.

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1. Given Name (First Name)

Marika

2. Surname (Last Name)

Cappelen

3. Date

15-May-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Niels Kroman

5. Manuscript Title

Duktal carcinoma in situ i brystet

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
Niels

2. Surname (Last Name)  
Kroman

3. Date  
01-May-2017

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Duktal carcinoma in situ i brystet

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