



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kirstine Toft

2. Surname (Last Name)

Conradsen

3. Date

06-January-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Klinisk anvendelse af peroperativ kontinuerlig non-invasiv blodtryksmåling

6. Manuscript Identifying Number (if you know it)

UFL-01-18-0007

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Conradsen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Niels Peter	2. Surname (Last Name) Ekeløf	3. Date 06-January-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirstine Toft Conradsen	
5. Manuscript Title Klinisk anvendelse af peroperativ kontinuerlig non-invasiv blodtryksmåling		
6. Manuscript Identifying Number (if you know it) UFL-01-18-0007		

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1. Given Name (First Name) Nikolai	2. Surname (Last Name) Hoffmann-Petersen	3. Date 06-January-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirstine Toft Conradsen	
5. Manuscript Title Klinisk anvendelse af peroperativ kontinuerlig non-invasiv blodtryksmåling		
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