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)  
   Per

2. Surname (Last Name)  
   Albertsen

3. Date  
   13-March-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Fanny Hård

5. Manuscript Title  
   Mediastinal cyste – En sjælden årsag til dårlig trivsel hos 10 måneder gammel dreng

6. Manuscript Identifying Number (if you know it)  
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Dr. Albertsen has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inger Merete</td>
<td>Jørgensen</td>
<td>13-March-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  No  ✔

5. Manuscript Title  
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Dr. Jørgensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Hilde

2. Surname (Last Name)
   Hylland Uhlving

3. Date
   13-March-2018

4. Are you the corresponding author?
   ☑ No
   Corresponding Author's Name
   Fanny Hård

5. Manuscript Title
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1. Given Name (First Name) Cristel
2. Surname (Last Name) Sørensen Hjortshøj
3. Date 13-March-2018
4. Are you the corresponding author? ❑ Yes ❑ No
   Corresponding Author’s Name Fanny Hård
5. Manuscript Title
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Dr. Sørensen Hjortshøj has nothing to disclose.

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1. Given Name (First Name)  
   Fanny

2. Surname (Last Name)  
   Hård

3. Date  
   12-March-2018

4. Are you the corresponding author?  
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   ☐ No

5. Manuscript Title  
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Hård
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