

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) 01-18-0021		

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Dr. Albertsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Inger Merete

2. Surname (Last Name)
Jørgensen

3. Date
13-March-2018

4. Are you the corresponding author?

☐ Yes☒ 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. Jørgensen has nothing to disclose.

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1. Given Name (First Name)

Hilde

2. Surname (Last Name)

Hylland Uhlving

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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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

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Section 1. Identifying Information

1. Given Name (First Name)
Fanny

2. Surname (Last Name)
Hård

3. Date
12-March-2018

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

5. Manuscript Title
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