MEDICAL JOURNAL EDITORS

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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2. The work under consideration for publication.

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1. Given Name (Fin Liv Willer	rst Name)	2. Surname (Last Name) Erritzøe	3. Date 07-June-2017
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Lasse Bremholm Hansen
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Are there any relevant conflicts of interest?		Yes
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