

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)

Saphana Jassim

2. Surname (Last Name)

Mohamed

3. Date

29-August-2014

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

Acceptable effect of multimodal analgesic treatment after a Bascom Cleft Lift operation

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?



Yes



No

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Yes



No

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Yes



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Dr. Mohamed has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Billy Bjarne

2. Surname (Last Name)

Kristensen

3. Date

29-August-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Saphana Jassim Mohamed

5. Manuscript Title

Acceptable effect of multimodal analgesic treatment after a Bascom Cleft Lift operation

6. Manuscript Identifying Number (if you know it)

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Dr. Kristensen has nothing to disclose.

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1. Given Name (First Name)

Lars

2. Surname (Last Name)

Lindgaard

3. Date

29-August-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Saphana Jassim Mohamed

5. Manuscript Title

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1. Given Name (First Name) Thue	2. Surname (Last Name) Bisgaard	3. Date 29-August-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Saphana Jassim Mohamed
5. Manuscript Title Acceptable effect of multimodal analgesic treatment after a Bascom Cleft Lift operation		
6. Manuscript Identifying Number (if you know it) 		

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