

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)

Jakob

2. Surname (Last Name)

Kirkegård

3. Date

24-June-2014

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Non-operative management of blunt splenic injuries in a pediatric population: A 12-year retrospective study

6. Manuscript Identifying Number (if you know it)

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Dr. Kirkegård has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tue Højslev

2. Surname (Last Name)
Avlund

3. Date
24-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jakob Kirkegård

5. Manuscript Title
Non-operative management of blunt splenic injuries in a pediatric population: A 12-year retrospective study

6. Manuscript Identifying Number (if you know it)

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Dr. Avlund has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nerijus	2. Surname (Last Name) Amanavicius	3. Date 24-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jakob Kirkegaard
5. Manuscript Title Non-operative management of blunt splenic injuries in a pediatric population: A 12-year retrospective study		
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1. Given Name (First Name)

Frank Viborg

2. Surname (Last Name)

Mortensen

3. Date

24-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Jakob Kirkegård

5. Manuscript Title

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Dr. Mortensen has nothing to disclose.

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