

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Bo

2. Surname (Last Name)
Hønge

3. Date
03-April-2014

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

5. Manuscript Title
Hospital contacts after bite from the European adder (*Vipera berus*) in the Region of Northern Denmark: a systematic review of cases in the period 2007-2013

6. Manuscript Identifying Number (if you know it)

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Dr. Hønge has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Henrik

2. Surname (Last Name)

Nielsen

3. Date

04-April-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Bo Hønge

5. Manuscript Title

Hospital contacts after bite from the European adder (*Vipera berus*) in the Region of Northern Denmark: a systematic review of cases in the period 2007-2013

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Dr. Nielsen has nothing to disclose.

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1. Given Name (First Name)
Sami

2. Surname (Last Name)
Hedegaard Khatib

3. Date
13-April-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Bo Langhoff Hønge

5. Manuscript Title

Hospital contacts after bite from the European adder (*Vipera berus*) in the Region of Northern Denmark: a systematic review of cases in the period 2007-2013

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1. Given Name (First Name)
Stephan

2. Surname (Last Name)
Cederstrøm

3. Date
04-April-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Bo Langhoff Hønge

5. Manuscript Title

"Hospital contacts after bite from the European adder (Vipera berus) in the region of Northern Denmark: a systematic review of cases in the period 2007-2013"

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