

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Mie

2. Surname (Last Name)  
Gaedt Thorlund

3. Date  
21-August-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Arterial Renal Embolization: A single center study

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Gaedt Thorlund 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) Gjertrud	2. Surname (Last Name) Egge Wennevik	3. Date 21-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mie Gaedt Thorlund
5. Manuscript Title Arterial Renal Embolization: A single center study		
6. Manuscript Identifying Number (if you know it)		

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Miss Egge Wennevik has nothing to disclose.

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1. Given Name (First Name) Margrethe	2. Surname (Last Name) Andersen	3. Date 21-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mie Gaedt Thorlund
5. Manuscript Title Arterial Renal Embolization: A single center study		
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1. Given Name (First Name)

Poul Erik

2. Surname (Last Name)

Andersen

3. Date

21-August-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Mie Gaedt Thorlund

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Lars

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Lund

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