

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Anne-Mette Torp

2. Surname (Last Name)

Crüger

3. Date

07-July-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Simon Francis Thomsen

5. Manuscript Title

Prognosis and risk factors among 250 patients within the erythema multiforme spectrum

6. Manuscript Identifying Number (if you know it)

UFL-06-14-0353

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Crüger 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)
Diljit

2. Surname (Last Name)
Kaur-Knudsen

3. Date
07-July-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Simon Francis Thomsen

5. Manuscript Title
Prognosis and risk factors among 250 patients within the erythema multiforme spectrum

6. Manuscript Identifying Number (if you know it)
UFL-06-14-0353

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Dr. Kaur-Knudsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Simon Francis

2. Surname (Last Name)

Thomsen

3. Date

04-July-2014

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Prognosis and risk factors among 250 patients within the erythema multiforme spectrum

6. Manuscript Identifying Number (if you know it)

UFL-06-14-0353

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Dr. Thomsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Henrik Berg

2. Surname (Last Name)

Rasmussen

3. Date

07-July-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Simon Francis Thomsen

5. Manuscript Title

Prognosis and risk factors among 250 patients within the erythema multiforme spectrum

6. Manuscript Identifying Number (if you know it)

UFL-06-14-0353

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Section 1. Identifying Information

1. Given Name (First Name)
Claus

2. Surname (Last Name)
Zachariae

3. Date
07-July-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Simon Francis Thomsen

5. Manuscript Title
Prognosis and risk factors among 250 patients within the erythema multiforme spectrum

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Dr. Zachariae has nothing to disclose.

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