

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Elisabeth Arnberg	2. Surname (Last Name) Wibroe	3. Date 16-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julie Vestergaard Braüner
5. Manuscript Title Antimicrobial Susceptibility of Bacteria Isolates Investigated at Hvidovre Hospital from 2004-2008		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)

Julie Vestergaard

2. Surname (Last Name)

Braüner

3. Date

16-December-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Antimicrobial Susceptibility of Bacteria Isolates Investigated at Hvidovre Hospital from 2004-2008

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1. Given Name (First Name) Toke Seierøe	2. Surname (Last Name) Barfod	3. Date 16-December-2014
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Jenny Dahl

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Knudsen

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Corresponding Author's Name

Julie Vestergaard Braüner

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