

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Lange	3. Date 05-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ole Hilberg
5. Manuscript Title På vej mod individualiseret behandling af bronkiektasier		
6. Manuscript Identifying Number (if you know it) UFL-09-17-0664		

Section 2. The Work Under Consideration for Publication

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Dr. Lange has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Anders	2. Surname (Last Name) Løkke	3. Date 05-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ole Hilberg
5. Manuscript Title På vej mod individualiseret behandling af bronkiektasier		
6. Manuscript Identifying Number (if you know it) UFL-09-17-0664		

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Dr. Løkke has nothing to disclose.

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1. Given Name (First Name) Charlotte	2. Surname (Last Name) Andersen	3. Date 05-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ole Hilberg
5. Manuscript Title På vej mod individualiseret behandling af bronkiektasier		
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1. Given Name (First Name)

Charlotte

2. Surname (Last Name)

Hyltdgaard

3. Date

05-February-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ole Hilberg

5. Manuscript Title

På vej mod individualiseret behandling af bronkiektasier

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Hilberg

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