

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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 four parts.

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Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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1. Given Name (First Name) 2. Surname (Last Name) 3. Effective Date (07-August-2008)  
 Nessn Azawi 01-December-2011

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
 Nephrectomy in Denmark 2000-2009

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Tom	2. Surname (Last Name) Christensen	3. Effective Date (07-August-2008) 01-December-2011
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nessn Azawi
5. Manuscript Title Nephrectomy in Denmark 2000-2009		
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1. Given Name (First Name) Anette	2. Surname (Last Name) Petri	3. Effective Date (07-August-2008) 01-December-2011
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nessn Azawi
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