

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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)

Gustav

2. Surname (Last Name)

Askaner

3. Date

03-January-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Melanonykia

6. Manuscript Identifying Number (if you know it)

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

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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Dr. Askaner has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Rikke

2. Surname (Last Name)

Bredgaard

3. Date

03-January-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Gustav Askaner

5. Manuscript Title

Melanonykia

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name) Alessandro	2. Surname (Last Name) Venzo	3. Date 03-January-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Gustav Askaner
5. Manuscript Title Melanonykia		
6. Manuscript Identifying Number (if you know it)  		

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

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1. Given Name (First Name)  
Martin

2. Surname (Last Name)  
Glud

3. Date  
03-January-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Gustav Askaner

5. Manuscript Title  
Melanonykia

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