

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.

Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent



Section 1.	Identifying Infor	mation	
1. Given Name (F Niklas	First Name)	2. Surname (Last Name) Schurmann Hansen	3. Date 23-August-2018
4. Are you the co	prresponding author?	✓ Yes No	
5. Manuscript Tit Split skin hudtr		gangsport for Staphylococcus aureus toksisk	c shock syndrom
6. Manuscript Ide UFL-08-18-0548	entifying Number (if you 8	know it)	
Section 2.	The Werk Under	Consideration for Dublication	
_		Consideration for Publication	ernment, commercial, private foundation, etc.) for
	submitted work (includi	ng but not limited to grants, data monitoring boa	-

Are there an	y relevant conflicts of interest?	ΠYe	es 🗸	No

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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	V N	0
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Section 6. Disclosure Statement

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Dr. Schurmann Hansen has nothing to disclose.

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1. Given Name (First Name) Lars	2. Surname (Last Name) Toft	3. Date 23-August-2018
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Niklas Schurmann Hansen
 Manuscript Title Split skin hudtransplantation som in Manuscript Identifying Number (if you 		occus aureus toksisk shock syndrom
UFL-08-18-0548		

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.)?

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1. Given Name (First Name) Steffen	2. Surname (Last Name) Leth	3. Date 22-August-2018
 Are you the corresponding author? Manuscript Title 	Yes 🖌 No	Corresponding Author's Name Niklas Schurmann Hansen
6. Manuscript Identifying Number (if you UFL-08-18-0548		ccus aureus toksisk shock syndrom

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