

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ole

2. Surname (Last Name)
Hyldegaard

3. Date
28-November-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Vejledende retningslinjer for godkendelse af personer med diabetes mellitus til rekreativ dykning

6. Manuscript Identifying Number (if you know it)
UFL-05-17-0364

Section 2. The Work Under Consideration for Publication

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

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Dr. Hyldegaard has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Erik

2. Surname (Last Name)

Christiansen

3. Date

28-November-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ole Hyldegaard

5. Manuscript Title

Vejledende retningslinjer for godkendelse af personer med diabetes mellitus til rekreativ dykning

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Dr. Christiansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Julie

2. Surname (Last Name)
Vinkel

3. Date
01-December-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Ole Hyldegaard

5. Manuscript Title
Vejledende retningslinjer for godkendelse af personer med diabetes mellitus til rekreativ dykning

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Gladis

2. Surname (Last Name)
Helledie

3. Date
29-November-2017

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☐ Yes

☒ No

Corresponding Author's Name
Ole Hyldegaard

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Stud.med. Gladis Helledie has nothing to disclose.

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