

ICMJJE 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)
Camilla

2. Surname (Last Name)
Kim Hartung Elmose

3. Date
23-October-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Henrik Schytz

5. Manuscript Title
Autoimmun autonom ganglionopati (AAG) og behandlingsinduceret diabetisk neuropati (TIND) hos patient med nydiagnosticeret type-1 diabetes

6. Manuscript Identifying Number (if you know it)

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Dr. Christiansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ingelise	2. Surname (Last Name) Christiansen	3. Date 23-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Henrik Schytz
5. Manuscript Title Autoimmun autonom ganglionopati (AAG) og behandlingsinduceret diabetisk neuropati (TIND) hos patient med nydiagnosticeret type-1 diabetes		
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Henrik Schytz

2. Surname (Last Name)

Schytz

3. Date

21-October-2018

4. Are you the corresponding author?

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