

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Vera

2. Surname (Last Name)
Crone

3. Date
03-October-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Stivkrampe i Danmark - En glemt dødsensfarlig sygdom

6. Manuscript Identifying Number (if you know it)

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Dr. Crone has nothing to disclose.

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Dennis

2. Surname (Last Name)

Holmgaard

3. Date

03-October-2018

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Corresponding Author's Name

Vera Crone

5. Manuscript Title

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Bülent

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Uslu

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03-October-2018

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Corresponding Author's Name

Vera Crone

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1. Given Name (First Name) Lothar	2. Surname (Last Name) Wiese	3. Date 08-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vera Crone
5. Manuscript Title Stivkrampe i Danmark - En glemt dødsensfarlig sygdom		
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