

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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)  
Thamilini

2. Surname (Last Name)  
Umaramanan

3. Date  
05-April-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Hydronefroze ved anvendelse af menstruationskop

6. Manuscript Identifying Number (if you know it)  
UFL-12-18-0865

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Dr. Umaramanan 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)

Karina

2. Surname (Last Name)

Hjort-Pedersen

3. Date

05-April-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Thamilini Umaramanan

5. Manuscript Title

Hydronefroze ved anvendelse af menstruationskop

6. Manuscript Identifying Number (if you know it)

UFL-12-18-0865

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Dr. Hjort-Pedersen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Jan M.

2. Surname (Last Name)  
Krzak

3. Date  
05-April-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Thamilini Umaramanan

5. Manuscript Title  
Hydronefroze ved anvendelse af menstruationskop

6. Manuscript Identifying Number (if you know it)  
UFL-12-18-0865

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1. Given Name (First Name)

Annette

2. Surname (Last Name)

Besenbruch

3. Date

16-April-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Thamilini Umaramanan

5. Manuscript Title

Hydronefroze ved anvendelse af menstruationskop

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12-18-0865

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Dr. Besenbruch has nothing to disclose.

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