



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Casper

2. Surname (Last Name)
Grønlund

3. Date

4. Are you the corresponding author? Yes No

5. Manuscript Title
HINTS til diagnostik af den akut svimle patient

6. Manuscript Identifying Number (if you know it)
UFL-04-19-0251

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Grønlund has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Asher Lou

2. Surname (Last Name)
Isenberg

3. Date

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Casper Grønlund

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Section 1. Identifying Information

1. Given Name (First Name)
Mette

2. Surname (Last Name)
Lindelof

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Casper Grønlund

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Bjarki Ditlev

2. Surname (Last Name)
Djurhuus

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Casper Grønlund

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