

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christian Baastrup

2. Surname (Last Name)
Søndergaard

3. Date
17-June-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Organisering af perifer nervekirurgi i Danmark

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Søndergaard has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Kåre

2. Surname (Last Name)
Fugleholm

3. Date
17-June-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Christian Baastrup Søndergaard

5. Manuscript Title
Organisering af perifer nervekirurgi i Danmark

6. Manuscript Identifying Number (if you know it)

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Dr. Fugleholm has nothing to disclose.

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1. Given Name (First Name) Ove	2. Surname (Last Name) Bergdal	3. Date 17-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Baastrup Søndergaard
5. Manuscript Title Organisering af perifer nervekirurgi i Danmark		
6. Manuscript Identifying Number (if you know it)		

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Tina

2. Surname (Last Name)

Nørgaard Munch

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17-June-2019

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Yes

No

Corresponding Author's Name

Christian Baastrup Søndergaard

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