

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christian

2. Surname (Last Name)
Overgaard-Steensen

3. Date
08-April-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
NYT SAMARBEJDE MEDFØRER ÆNDRINGER I BEHANDLINGEN AF BRANDSKADER

6. Manuscript Identifying Number (if you know it)
UFL-01-19-0061

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Are there any relevant conflicts of interest? Yes No

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Dr. Overgaard-Steensen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Kaveh

2. Surname (Last Name)
Borhani-Khomani

3. Date
08-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
NYT SAMARBEJDE MEDFØRER ÆNDRINGER I BEHANDLINGEN AF BRANDSKADER

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Dr. Borhani-Khomani has nothing to disclose.

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1. Given Name (First Name)
Martin

2. Surname (Last Name)
Risom Vestergaard

3. Date
08-April-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
NYT SAMARBEJDE MEDFØRER ÆNDRINGER I BEHANDLINGEN AF BRANDSKADER

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1. Given Name (First Name)

Rikke

2. Surname (Last Name)

Holmgaard

3. Date

08-April-2019

4. Are you the corresponding author?

Yes No

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NYT SAMARBEJDE MEDFØRER ÆNDRINGER I BEHANDLINGEN AF BRANDSKADER

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