

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anna Lyngø

2. Surname (Last Name)
Sørensen

3. Date
26-June-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Ortopædisk behandling af børn med sarkom i bevægeapparatet

6. Manuscript Identifying Number (if you know it)
UFL-03-19-0180

Section 2. The Work Under Consideration for Publication

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AL. Sørensen 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)
Birgitte Jul

2. Surname (Last Name)
Kiil

3. Date
27-June-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Anna Lynge Sørensen

5. Manuscript Title
Ortopædisk behandling af børn med sarkom i bevægeapparatet

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1. Given Name (First Name) Peter Holmberg	2. Surname (Last Name) Jørgensen	3. Date 26-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anna Lynge Sørensen
5. Manuscript Title Ortopædisk behandling af børn med sarkom i bevægeapparatet		
6. Manuscript Identifying Number (if you know it) UFL-03-19-0180		

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Thomas

2. Surname (Last Name)

Baad-Hansen

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26-June-2019

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Anna Lynge Sørensen

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