

ICMJJE 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)

Madeline Malihini

2. Surname (Last Name)

Jul

3. Date

16-August-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Diagnostik og behandling af næsefrakturer hos børn

6. Manuscript Identifying Number (if you know it)

UFL-04-18-0263

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Dr. Jul has nothing to disclose.

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Sannia

2. Surname (Last Name)

Sjöstedt

3. Date

16-August-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Madeline Malihini Jul

5. Manuscript Title

Diagnostik og behandling af næsefrakturer hos børn

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Dr. Sjöstedt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Christian

2. Surname (Last Name)
Grønhøj

3. Date
16-August-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Madeline Malihini Jul

5. Manuscript Title
Diagnostik og behandling af næsefrakturer hos børn

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Thomas	2. Surname (Last Name) Hjuler	3. Date 16-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Madeline Malihini Jul
5. Manuscript Title Diagnostik og behandling af næsefrakturer hos børn		
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Buchwald

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