

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)
Sengül

2. Surname (Last Name)
Gülen

3. Date
13-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Uredelige forfatterskaber eksisterer fortsat og kan ødelægge integriteten af forskningen

6. Manuscript Identifying Number (if you know it)
UFL-09-19-0514

Section 2. The Work Under Consideration for Publication

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I am a research year student for Cochrane Colorectal Group

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Dr. Gülen reports and I am a research year student for Cochrane Colorectal Group.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Siv	2. Surname (Last Name) Fonnes	3. Date 13-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sengül Gülen
5. Manuscript Title Uredelige forfatterskaber eksisterer fortsat og kan ødelægge integriteten af forskningen		
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I am assistant managing editor for Cochrane Colorectal Group

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1. Given Name (First Name) Kristoffer	2. Surname (Last Name) Andresen	3. Date 13-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sengül Gülen
5. Manuscript Title Uredelige forfatterskaber eksisterer fortsat og kan ødelægge integriteten af forskningen		
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Dr. Andresen reports and I am managing editor for Cochrane Colorectal Group .

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sengül Gülen
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