

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)

Ida Vibeke

2. Surname (Last Name)

Hansen

3. Date

27-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Louis Lind Plesner

5. Manuscript Title

Billeddiagnostiske fund ved COVID-19

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Hansen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael Brun	2. Surname (Last Name) Andersen	3. Date 27-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Louis Lind Plesner
5. Manuscript Title Billeddiagnostiske fund ved COVID-19		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Andersen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Annemette	2. Surname (Last Name) Abild	3. Date 28-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Louis Lind Plesner
5. Manuscript Title Billeddiagnostiske fund ved COVID-19		
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Plesner

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