

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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4. Intellectual Property.

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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)

Danstrup

3. Date

20-November-2019

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Post millennium acute salivary gland infections

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Danstrup has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---------------------------------|---|
| 1. Given Name (First Name) Henrik Jonathan | 2. Surname (Last Name) Münch | 3. Date 20-November-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Christian Danstrup |
| 5. Manuscript Title Post millennium acute salivary gland infections | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

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Dr. Münch has nothing to disclose.

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| | | |
|--|------------------------------------|---|
| 1. Given Name (First Name) Kurt | 2. Surname (Last Name) Fuursted | 3. Date 20-November-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Christian Danstrup |
| 5. Manuscript Title Post millennium acute salivary gland infections | | |
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| | | |
|--|--------------------------------|---|
| 1. Given Name (First Name) Tejs Ehlers | 2. Surname (Last Name) Klug | 3. Date 20-November-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Christian Danstrup |
| 5. Manuscript Title Post millennium acute salivary gland infections | | |
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Dr. Klug has nothing to disclose.

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| | | |
|--|----------------------------------|---|
| 1. Given Name (First Name) Therese | 2. Surname (Last Name) Ovesen | 3. Date 20-November-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Christian Danstrup |
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