

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)

Christian

2. Surname (Last Name)

Overgaard-Steensen

3. Date

17-December-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Kaveh Borhani-Khomani

5. Manuscript Title

Keraunoparalyse: Lynskade med forbigående iskæmi og paralyse af ekstremitet

6. Manuscript Identifying Number (if you know it)

UFL-11-19-0635

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Dr. Overgaard-Steensen 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) Martin	2. Surname (Last Name) Risom Vestergaard	3. Date 17-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kaveh Borhani-Khomani
5. Manuscript Title Keraunoparalyse: Lynskade med forbigående iskæmi og paralyse af ekstremitet		
6. Manuscript Identifying Number (if you know it) UFL-11-19-0635		

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Dr. Risom Vestergaard has nothing to disclose.

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1. Given Name (First Name)

Rikke

2. Surname (Last Name)

Holmgaard

3. Date

17-December-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Kaveh Borhani-Khomani

5. Manuscript Title

Keraunoparalyse: Lynskade med forbigående iskæmi og paralyse af ekstremitet

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Kaveh

2. Surname (Last Name)
Borhani-Khomani

3. Date
17-December-2019

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