

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)
Morten

2. Surname (Last Name)
Breindahl

3. Date
09-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christian Heiring

5. Manuscript Title
De neonatale transportordninger i Danmark

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Breindahl has nothing to disclose.

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Breindahl

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Section 1. Identifying Information

1. Given Name (First Name)
Steen Axel

2. Surname (Last Name)
Hertel

3. Date
08-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christian Heiring

5. Manuscript Title
De neonatale transportordninger i Danmark

6. Manuscript Identifying Number (if you know it)

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Dr. Hertel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Christian

2. Surname (Last Name)
Heiring

3. Date
09-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
De neonatale transportordninger i Danmark

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Pia Sønderby	2. Surname (Last Name) Christensen	3. Date 09-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Heiring
5. Manuscript Title De neonatale transportordninger i Danmark		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)
Sven

2. Surname (Last Name)
Mortensen

3. Date
12-September-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Christian Heiring

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

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Other: Anything not covered under the previous three boxes

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1. Given Name (First Name) Henrik Vendelbo	2. Surname (Last Name) Nielsen	3. Date 10-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Heiring
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1. Given Name (First Name) Søren	2. Surname (Last Name) Kjærgaard	3. Date 09-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Heiring
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