

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) Alessandro	2. Surname (Last Name) Venzo	3. Date 17-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nanja Gotland
5. Manuscript Title Penil blue nævus - en atypisk præsentation		
6. Manuscript Identifying Number (if you know it) UFL-03-20-0147		

Section 2. The Work Under Consideration for Publication

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Dr. Venzo 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)
Josefine

2. Surname (Last Name)
Bandier

3. Date
17-March-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Nanja Gotland

5. Manuscript Title
Penil blue nævus - en atypisk præsentation

6. Manuscript Identifying Number (if you know it)
UFL-03-20-0147

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Dr. Bandier has nothing to disclose.

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1. Given Name (First Name)
Katrine

2. Surname (Last Name)
Karmisholt

3. Date
17-March-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Nanja Gotland

5. Manuscript Title
Penil blue nævus - en atypisk præsentation

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Lene	2. Surname (Last Name) Sjø	3. Date 17-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nanja Gotland
5. Manuscript Title Penil blue nævus - en atypisk præsentation		
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Nanja

2. Surname (Last Name)
Gotland

3. Date
17-March-2020

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