

## 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)  
Mohamed

2. Surname (Last Name)  
Ebrahim

3. Date  
01-November-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Yeliz Erdogan

5. Manuscript Title  
Spontan blærruptur med tyndtarmsherniering

6. Manuscript Identifying Number (if you know it)  
UFL-10-19-0601

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Ebrahim has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mikkel	2. Surname (Last Name) Fode	3. Date 01-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yeliz Erdogan
5. Manuscript Title Spontan blærruptur med tyndtarmsherniering		
6. Manuscript Identifying Number (if you know it) UFL-10-19-0601		

### Section 2. The Work Under Consideration for Publication

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Dr. Fode has nothing to disclose.

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1. Given Name (First Name) majid hameed	2. Surname (Last Name) Al Taraihi	3. Date 01-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yeliz Erdogan
5. Manuscript Title Spontan blærruptur med tyndtarmsherniering		
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1. Given Name (First Name)  
Yeliz

2. Surname (Last Name)  
Erdogan

3. Date  
01-November-2019

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5. Manuscript Title  
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