



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Niels Henrik
2. Surname (Last Name)  
Søe
3. Date  
14-February-2020
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Dilay Kesgin Fener
5. Manuscript Title  
Mucoide cyster på fingrene
6. Manuscript Identifying Number (if you know it)  
08-19-0453

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

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



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Dr.Søe 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)

Else Marie

2. Surname (Last Name)

Bartels

3. Date

11-February-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Dilay Kesgin Fener

5. Manuscript Title

Mucoide cyster på fingrene

6. Manuscript Identifying Number (if you know it)

08-19-0453

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

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Dr. Bartels has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Dilay

2. Surname (Last Name)

Kesgin Fener

3. Date

11-February-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Mucoide cyster på fingrene

6. Manuscript Identifying Number (if you know it)

08-19-0453

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Dr. Kesgin Fener has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Bjørn Nikolaj Einfeldt

2. Surname (Last Name)  
Wiegell

3. Date  
14-February-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dilay Kesgin Fener

5. Manuscript Title  
Mucoide cyster på fingrene

6. Manuscript Identifying Number (if you know it)

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Dr. Wiegell has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Charlotte

2. Surname (Last Name)  
Näslund Koch

3. Date  
14-February-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title  
Mucoide cyster på fingrene

6. Manuscript Identifying Number (if you know it)

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Dr. Näslund Koch has nothing to disclose.

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