

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)

jenny dahl

2. Surname (Last Name)

knudsen

3. Date

20-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Charlotte A. S. Larsen

5. Manuscript Title

Accelereret skift fra intravenøs til oral antibiotikabehandling

6. Manuscript Identifying Number (if you know it)

UFL-01-20-0055

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Nothing to declare

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Charlotte Amalie Settergren
2. Surname (Last Name) Larsen
3. Date 20-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Accelereret skift fra intravenøs til oral antibiotikabehandling

6. Manuscript Identifying Number (if you know it)
UFL-01-20-0055

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)
Henrik

2. Surname (Last Name)
Horwitz

3. Date
21-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Charlotte Amalie Settergren Larsen

5. Manuscript Title
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Dr. Horwitz has nothing to disclose.

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1. Given Name (First Name) Jonas Bredtoft	2. Surname (Last Name) Boel	3. Date 20-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Charlotte A. S. Larsen
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