

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)
Kirsten Tryde

2. Surname (Last Name)
Macklon

3. Date
02-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Fertilitetsrådgivning af unge kvinder efter en kræftsygdom – erfaringer fra Rigshospitalet.

6. Manuscript Identifying Number (if you know it)
UFL-04-20-0282

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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Section 1. Identifying Information

1. Given Name (First Name) Anette Tønnes	2. Surname (Last Name) Pedersen	3. Date 02-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Tryde Macklon
5. Manuscript Title Fertilitetsrådgivning af unge kvinder efter en kræftsygdom – erfaringer fra Rigshospitalet.		
6. Manuscript Identifying Number (if you know it) UFL-04-20-0282		

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Dr. Pedersen has nothing to disclose.

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1. Given Name (First Name) Elisabeth Clare	2. Surname (Last Name) Larsen	3. Date 02-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Tryde Macklon
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1. Given Name (First Name)

Lotte Berdiin

2. Surname (Last Name)

Colmorn

3. Date

02-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kirsten Tryde Macklon

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