

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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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) Kristine	2. Surname (Last Name) Pallesen	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristin Bergmann
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) 71039		

Section 2. The Work Under Consideration for Publication

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Dr. Pallesen has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Mette	2. Surname (Last Name) Deleuran	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristin Bergmann
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) 71039		

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1. Given Name (First Name)

Kristin

2. Surname (Last Name)

Bergmann

3. Date

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Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

71039

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1. Given Name (First Name) Hanne	2. Surname (Last Name) Vinter	3. Date
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