

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Bjarki Ditlev

2. Surname (Last Name)

Djurhuus

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Casper Grønlund

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

UFL-04-20-0218

Section 2. The Work Under Consideration for Publication

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Dr. Djurhuus has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Louise

2. Surname (Last Name)

Devantier

3. Date

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Casper Grønlund

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

UFL-04-20-0218

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)
Casper

2. Surname (Last Name)
Grønlund

3. Date

4. Are you the corresponding author? Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)

Mikael

2. Surname (Last Name)

Karlberg

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Corresponding Author's Name

Casper Grønlund

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