

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) Birgitte Wittenborg	2. Surname (Last Name) Charabi	3. Date 25-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tobias Todsén
5. Manuscript Title Ultralydsskanning af hoved og hals		
6. Manuscript Identifying Number (if you know it) UFL-09-20-0663		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Charabi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Tobias

2. Surname (Last Name)

Todsen

3. Date

13-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Ultralydsskanning af hoved og hals

6. Manuscript Identifying Number (if you know it)

UFL-03-20-0130

Section 2. The Work Under Consideration for Publication

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Dr. Todsén has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jacob

2. Surname (Last Name)
Melchiors

3. Date
23-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Tobias Todsén

5. Manuscript Title
Ultraljydsskanning af hoved og hals

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Kasper Daugaard	2. Surname (Last Name) Larsen	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tobias Todsén
5. Manuscript Title Ultralydsskanning af hoved og hals		
6. Manuscript Identifying Number (if you know it) UFL-09-20-0663		

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Christian

2. Surname (Last Name)
von Buchwald

3. Date
21-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
"Ultralydsskanning af hoved og hals"

6. Manuscript Identifying Number (if you know it)
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