

## 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)  
Frederik

2. Surname (Last Name)  
Winsløw

3. Date  
19-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Todds parse

6. Manuscript Identifying Number (if you know it)  
UFL-02-20-0111

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Dr. Winsløw has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Per	2. Surname (Last Name) Meden	3. Date 19-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frederik Winsløw
5. Manuscript Title Todds parse		
6. Manuscript Identifying Number (if you know it) UFL-02-20-0111		

### 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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1. Given Name (First Name)  
Inger Birgitte

2. Surname (Last Name)  
Havsteen

3. Date  
11-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Frederik Winsløw

5. Manuscript Title  
Todds parse

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

2. Surname (Last Name)  
Tsiropoulos

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19-April-2020

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Corresponding Author's Name  
Frederik Winsløw

5. Manuscript Title  
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