

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)

Jakob Lillemoen

2. Surname (Last Name)

Drivenes

3. Date

08-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Arvelige hårskaftsanomalier - en hårrejsende problemstilling

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Stud.med. Drivenes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Anette	2. Surname (Last Name) Bygum	3. Date 08-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Arvelige hårskaftsanomalier - en hårrejsende problemstilling	_____	
6. Manuscript Identifying Number (if you know it)	_____	

Section 2. The Work Under Consideration for Publication

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Dr. Bygum has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jes Michael	2. Surname (Last Name) Hertz	3. Date 01-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jakob Lillemoen Drivenes
5. Manuscript Title Arvelige hårskaftsanomalier - en hårrejsende problemstilling		
6. Manuscript Identifying Number (if you know it)		

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Dr. Hertz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ramon

2. Surname (Last Name)
Grimalt

3. Date
20-January-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jakob Lillemoen Drivenes

5. Manuscript Title
Arvelige hårskaftsanomalier- en hårrejsende problemstilling

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Nieves

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Puente de Pablo

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11-January-2021

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Yes No

Corresponding Author's Name

Jakob Lillemoen Drivenes

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