

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)

Mia

2. Surname (Last Name)

Demant

3. Date

06-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Fedtembolis syndrom efter fedtsugning og fedtinjektion

6. Manuscript Identifying Number (if you know it)

UFL-05-20-0403

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Demant has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Frederik	2. Surname (Last Name) Mamsen	3. Date 06-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mia Demant
5. Manuscript Title Fedtembolisyndrom efter fedtsugning og fedtinjektion		
6. Manuscript Identifying Number (if you know it) UFL-05-20-0403		

Section 2. The Work Under Consideration for Publication

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Stud.med. Mamsen has nothing to disclose.

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1. Given Name (First Name)
Rikke

2. Surname (Last Name)
Bredgaard

3. Date
06-October-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Mia Demant

5. Manuscript Title
Fedtembolisyndrom efter fedtsugning og fedtinjektion

6. Manuscript Identifying Number (if you know it)
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