

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)

Anne Sofie Frølund

2. Surname (Last Name)

Frølund

3. Date

21-December-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Aquagenic wrinkling of the palms, en sjælden hudlidelse associeret til
cystisk fibrose

6. Manuscript Identifying Number (if you know it)

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Dr. Frølund has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Kristine | 2. Surname (Last Name) Appel Uldall Pallesen | 3. Date 21-December-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Anne Sofie Frølund |
| 5. Manuscript Title Aquagenic wrinkling of the palms, en sjælden hudlidelse associeret til cystisk fibrose | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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. Appel Uldall Pallesen has nothing to disclose.

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1. Given Name (First Name)
Lise

2. Surname (Last Name)
Graversen

3. Date
18-December-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Anne Sofie Frølund

5. Manuscript Title
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Sommerlund

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