

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) Anna Sophie L	2. Surname (Last Name) Kjaer	3. Date 27-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mathilde Ørbæk
5. Manuscript Title Udredning og behandling af gravide med mistanke om akut toxoplasmose.		
6. Manuscript Identifying Number (if you know it) _____		

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AS Kjaer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Henrik Vedel

2. Surname (Last Name)

Nielsen

3. Date

22-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Mathilde Ørbæk

5. Manuscript Title

Udredning og behandling af gravide med mistænkt eller påvist toxoplasmainfektion

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Morten

2. Surname (Last Name)

Lebech

3. Date

29-May-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Udredning og behandling af gravide med mistænkt eller påvist toxoplasmainfektion

6. Manuscript Identifying Number (if you know it)

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Dr. Lebech has nothing to disclose.

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1. Given Name (First Name)

Anne-Mette

2. Surname (Last Name)

Lebech

3. Date

27-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Mathilde Ørbæk

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
Mathilde

2. Surname (Last Name)
Ørbæk

3. Date
20-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Udredning og behandling af gravide med mistænkt eller påvist toxoplasmainfektion

6. Manuscript Identifying Number (if you know it)
UFL - 10 - 18 - 0712

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