ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Mette
2. Surname (Last Name) Rosendahl-Nielsen
3. Date 04-December-2014
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   Corresponding Author's Name: Lise Fonsmark

5. Manuscript Title
   Experience of multidisciplinary follow-up

6. Manuscript Identifying Number (if you know it)
   UFL-12-14-0657

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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. Rosendahl-Nielsen has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lise

2. Surname (Last Name)  
   Fonsmark

3. Date  
   04-December-2014

4. Are you the corresponding author?  
   Yes [ ]  No [X]

5. Manuscript Title  
   Experience from multidisciplinary follow-up of critically ill patients treated in ICU

6. Manuscript Identifying Number (if you know it)  
   UFL-12-14-0657

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