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)  
   Yousif

2. Surname (Last Name)  
   Subhi

3. Date  
   05-May-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Massive Open Online Courses are relevant for postgraduate medical training

6. Manuscript Identifying Number (if you know it)

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Dr. Subhi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Signe Rolskov

2. Surname (Last Name)  
   Bojsen

3. Date  
   05-May-2014

4. Are you the corresponding author?  
   ☑ Yes  ✗ No

   Corresponding Author’s Name
   Yousif Subhi

5. Manuscript Title
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**Section 1. Identifying Information**

1. Given Name (First Name)  
Philip Mørkeberg

2. Surname (Last Name)  
Nilsson

3. Date  
05-May-2014

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

Corresponding Author's Name  
Yousif Subhi

5. Manuscript Title  
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1. Given Name (First Name)  Lars
2. Surname (Last Name)    Konge
3. Date               05-May-2014
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Yousif Subhi
5. Manuscript Title
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
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<tbody>
<tr>
<td>Kristoffer</td>
<td>Andresen</td>
<td>23-August-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author’s Name  
Yousif Subhi

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