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)  
Lars

2. Surname (Last Name)  
Lykkeberg Thomsen

3. Date  
06-March-2014

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Rasmus Tyrsted Mikkelsen

5. Manuscript Title  
Causes and long term mortality of arterial trauma treated in Odense University Hospital 1990-2012

6. Manuscript Identifying Number (if you know it)

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Dr. Lykkeberg Thomsen has nothing to disclose.

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<td>Lindholt</td>
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Dr. Lindholt has nothing to disclose.

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1. Given Name (First Name)  
   Anders

2. Surname (Last Name)  
   Green

3. Date  
   10-March-2014

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Rasmus Tyrsted Mikkelsen

5. Manuscript Title  
Causes and long term mortality of arterial trauma treated in Odense University Hospital 1990-2012

6. Manuscript Identifying Number (if you know it)  
N.A.

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   Ole
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   Røder
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   Yes ✔ No
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