

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Lykkeberg Thomsen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Jes	2. Surname (Last Name) Lindholt	3. Date 06-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		

### Section 2. The Work Under Consideration for Publication

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Dr. Lindholt has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Anders	2. Surname (Last Name) Green	3. Date 10-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Dr. Green has nothing to disclose.

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1. Given Name (First Name) Ole	2. Surname (Last Name) Røder	3. Date 10-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
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1. Given Name (First Name)

Rasmus

2. Surname (Last Name)

Mikkelsen

3. Date

10-March-2014

4. Are you the corresponding author?

Yes  No

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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