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)**
   Elisabeth Arnberg

2. **Surname (Last Name)**
   Wibroe

3. **Date**
   16-December-2014

4. **Are you the corresponding author?**
   - Yes
   - No
   - **✔**

   **Corresponding Author’s Name**
   Julie Vestergaard Braüner

5. **Manuscript Title**
   Antimicrobial Susceptibility of Bacteria Isolates Investigated at Hvidovre Hospital from 2004-2008

6. **Manuscript Identifying Number (if you know it)**
   

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

- **Yes**
- **No**

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Julie Vestergaard

2. **Surname (Last Name)**
   - Braüner

3. **Date**
   - 16-December-2014

4. Are you the corresponding author?  
   - ✔ Yes  
   - No

5. **Manuscript Title**
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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Toke Seierøe</td>
<td>Barfod</td>
<td>16-December-2014</td>
</tr>
</tbody>
</table>

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   - ✔ No

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1. Given Name (First Name)  
   Jenny Dahl

2. Surname (Last Name)  
   Knudsen

3. Date  
   16-December-2014

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   Yes ✔ No

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   Julie Vestergaard Braüner

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