

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Dogu

2. Surname (Last Name)
Aydin

3. Date
28-March-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Lisbet Rosenkrantz Hölmich

5. Manuscript Title
Breast tissue resection in women with breast hypertrophy undergoing breast reduction: are the guidelines followed?

6. Manuscript Identifying Number (if you know it)

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Dr. Aydin 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) Jennifer Berg	2. Surname (Last Name) Drejøre	3. Date 28-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lisbet Rosenkrantz Hölmich
5. Manuscript Title Breast tissue resection in women with breast hypertrophy undergoing breast reduction: are the guidelines followed?		
6. Manuscript Identifying Number (if you know it)		

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Dr. Drejøe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lisbet Rosenkrantz

2. Surname (Last Name)

Hölmich

3. Date

28-March-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Breast tissue resection in women with breast hypertrophy undergoing breast reduction: are the guidelines followed?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Hölmich has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lone Bak

2. Surname (Last Name)
Hansen

3. Date
28-March-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Lisbet Rosenkrantz Hölmich

5. Manuscript Title
Breast tissue resection in women with breast hypertrophy undergoing breast reduction: are the guidelines followed?

6. Manuscript Identifying Number (if you know it)

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Dr. Hansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Peder	2. Surname (Last Name) Ikander	3. Date 28-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lisbet Rosenkrantz Hölmich
5. Manuscript Title Breast tissue resection in women with breast hypertrophy undergoing breast reduction: are the guidelines followed?		
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Dr. Ikander has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Susanne	2. Surname (Last Name) Lambaa	3. Date 28-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lisbet Rosenkrantz Hölmich
5. Manuscript Title Breast tissue resection in women with breast hypertrophy undergoing breast reduction: are the guidelines followed?		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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

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Dr. Lambaa has nothing to disclose.

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