

## 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)  
Jane

2. Surname (Last Name)  
Maestri Brittain

3. Date  
17-October-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
99mTc-mebrofenin Hepatobiliary Scintigraphy in the Diagnosis of Biliary Atresia

6. Manuscript Identifying Number (if you know it)

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

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Dr. Maestri Brittain has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Nina	2. Surname (Last Name) Kvist	3. Date 17-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jane Maestri Brittain
5. Manuscript Title 99mTc-mebrofenin Hepatobiliary Scintigraphy in the Diagnosis of Biliary Atresia		
6. Manuscript Identifying Number (if you know it)		

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Dr. Kvist has nothing to disclose.

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1. Given Name (First Name) Lars	2. Surname (Last Name) Soendergaard Johansen	3. Date 17-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jane Maestri Brittain
5. Manuscript Title 99mTc-mebrofenin Hepatobiliary Scintigraphy in the Diagnosis of Biliary Atresia		
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1. Given Name (First Name) Lise	2. Surname (Last Name) Borgwardt	3. Date 17-October-2015
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