ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Jan
2. Surname (Last Name) Kampmann
3. Date 12-May-2018

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5. Manuscript Title Urinhjulet-dagnostisk lommefolder

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Dr. Kampmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
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2. Surname (Last Name)  
   Teglård

3. Date

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