ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Ingrid Andrea</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Bruaset</td>
</tr>
<tr>
<td>3. Date</td>
<td>16-April-2018</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Anette D. Kjeldsen</td>
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<tr>
<td>5. Manuscript Title</td>
<td>Can tonsillectomy be recommended as day surgery in toddlers?</td>
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Dr. Bruaset has nothing to disclose.

Evaluation and Feedback

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<tbody>
<tr>
<td>Michael</td>
<td>Dahlstrøm</td>
<td>16-April-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Anette D. Kjeldsen

5. Manuscript Title
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Dr. Dahlstrøm has nothing to disclose.

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Kjeldsen
ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Anette

2. Surname (Last Name)  
Kjeldsen

3. Date  
16-April-2018

4. Are you the corresponding author?  
Yes ☑ No

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1. Given Name (First Name)  Søren
2. Surname (Last Name)    Møller
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Anette D. Kjeldsen

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