

ICMJJE 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)
Torben A.

2. Surname (Last Name)
Kruse

3. Date
22-February-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Genomisk medicin og kunstig intelligens

6. Manuscript Identifying Number (if you know it)
UFL-02-19-0085

Section 2. The Work Under Consideration for Publication

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Dr. Kruse has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Martin Jakob	2. Surname (Last Name) Larsen	3. Date 22-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Torben A. Kruse
5. Manuscript Title Genomisk medicin og kunstig intelligens		
6. Manuscript Identifying Number (if you know it) UFL-02-19-0085		

Section 2. The Work Under Consideration for Publication

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Dr. Larsen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Lars	2. Surname (Last Name) Andersen	3. Date 22-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Torben A. Kruse
5. Manuscript Title Genomisk medicin og kunstig intelligens		
6. Manuscript Identifying Number (if you know it) UFL-02-19-0085		

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1. Given Name (First Name) Qihua	2. Surname (Last Name) Tan	3. Date 22-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Torben A. Kruse
5. Manuscript Title Genomisk medicin og kunstig intelligens		
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