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)  
   Alisa

2. Surname (Last Name)  
   Kjaergaard

3. Date  
   18-February-2019

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

   Corresponding Author’s Name  
   Mie Hessellund Samson

5. Manuscript Title  
   Use of Allergen-specific IgE Tests in General Practice. Is there a plan?

6. Manuscript Identifying Number (if you know it)

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Dr. Kjaergaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Jurgita

2. Surname (Last Name)  
Janukonyte

3. Date  
08-February-2019

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Mie Hessellund Samson

5. Manuscript Title  
Use of Allergen-specific IgE Tests in General Practice. Is there a plan?

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Dr. J. Janukonyte has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>Mie Hessellund</td>
<td>Samson</td>
<td>08-February-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  ✔ Yes    ☐ No

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Dr. Samson has nothing to disclose.

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Mette  
2. Surname (Last Name)  
Østergaard  
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08-February-2019  
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