



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kristian Breds Geoffroy	2. Surname (Last Name) Mongelard	3. Date 12-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sophie Nordahl Rasmussen
5. Manuscript Title A healthy man developed pulmonary damage including traction bronchiectasis due to COVID-19		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Mongelard has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sophie Nordahl

2. Surname (Last Name)
Rasmussen

3. Date
12-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title

A healthy man developed permanent pulmonary damage including traction bronchiectasis due to COVID-19

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Rasmussen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Anna Bryan	2. Surname (Last Name) Stensbøl	3. Date 12-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sophie Nordahl Rasmussen
5. Manuscript Title A healthy man developed pulmonary damage including traction bronchiectasis due to COVID-19		
6. Manuscript Identifying Number (if you know it)		

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Dr. Stensbøl has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Carsten	2. Surname (Last Name) Sloth	3. Date 12-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sophie Nordahl Rasmussen
5. Manuscript Title A healthy man developed pulmonary damage including traction bronchiectasis due to COVID-19		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Barbara

2. Surname (Last Name)
Bonnesen

3. Date
12-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Sophie Nordahl Rasmussen

5. Manuscript Title
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