

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Anne

2. Surname (Last Name)
Hammer

3. Date
23-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Physical and mental well-being of women referred due to presumed side effects after HPV vaccination.

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Jan	2. Surname (Last Name) Blaakær	3. Date 23-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Hammer
5. Manuscript Title Physical and mental well-being of women referred due to presumed side effects after HPV vaccination.		
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1. Given Name (First Name) Jeannett	2. Surname (Last Name) Kjær	3. Date 23-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Hammer
5. Manuscript Title Physical and mental well-being of women referred due to presumed side effects after HPV vaccination.		
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1. Given Name (First Name) Nanna	2. Surname (Last Name) Rolving	3. Date 23-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Hammer
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Tina

2. Surname (Last Name)

Storgaard Jensen

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23-December-2019

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Yes No

Corresponding Author's Name

Anne Hammer

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6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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