

## 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) Marie Louise	2. Surname (Last Name) Lund	3. Date 12-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pernille Ravn
5. Manuscript Title Akral iskæmi med multiple mikrotromber og truende gangren, som led i COVID-19 infektion		
6. Manuscript Identifying Number (if you know it) UFL-05-20-0379		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Lund has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Pernille
2. Surname (Last Name)  
Ravn
3. Date  
16-June-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  
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Dr. Ravn has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Stine
2. Surname (Last Name)  
Simonsen
3. Date  
16-June-2020
4. Are you the corresponding author?  Yes  No
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Dr. Simonsen has nothing to disclose.

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Thomas
2. Surname (Last Name)  
Kùmler
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1. Given Name (First Name) Søren	2. Surname (Last Name) Jacobsen	3. Date 12-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Akral iskæmi med multiple mikrotromber og truende gangræn, som led i COVID-19 infektion	_____	
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