

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)
Anne

2. Surname (Last Name)
Troldborg

3. Date
24-February-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Når retningslinjerne følges medfører behandling med hydroxychlorokin sjældent øjenskader.

6. Manuscript Identifying Number (if you know it)
UFL-12-19-0711

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Dr. Troldborg 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) Kåre Ørts	2. Surname (Last Name) Clemmensen	3. Date 24-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Troldborg
5. Manuscript Title Når retningslinjerne følges medfører behandling med hydroxychlorokin sjældent øjenskader		
6. Manuscript Identifying Number (if you know it) UFL-12-19-0711		

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Dr. Clemmensen has nothing to disclose.

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1. Given Name (First Name)
Jeanette

2. Surname (Last Name)
Andersen

3. Date
24-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Anne Troldborg

5. Manuscript Title

Når retningslinjerne følges medfører behandling med hydroxychlorokin sjældent øjenskader

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Trine Bay

2. Surname (Last Name)

Laurberg

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Corresponding Author's Name

Anne Troldborg

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