

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Michael Houliind

2. Surname (Last Name)
Larsen

3. Date
24-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Prevalence of Injuries to the Marginal Mandibular Nerve and Spinal Accessory Nerve after Neck Dissections: A systematic review and meta-analysis.

6. Manuscript Identifying Number (if you know it)

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Dr. Larsen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Mike Mikkelsen

2. Surname (Last Name)
Lorenzen

3. Date
24-August-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Michael Houliind Larsen

5. Manuscript Title
The Prevalence of Injuries to the Marginal Mandibular Nerve and Spinal Accessory Nerve after Neck Dissections: A systematic review and meta-analysis.

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1. Given Name (First Name)

Vivi

2. Surname (Last Name)

Bakholdt

3. Date

24-August-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Houлинд Larsen

5. Manuscript Title

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Jens Ahm
2. Surname (Last Name)
Sørensen
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Corresponding Author's Name
Michael Houllind Larsen
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