

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)
Andreas

2. Surname (Last Name)
Halgreen Eiset

3. Date
18-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Signe Freja Storgaard

5. Manuscript Title

First wave of COVID-19 did not reach the vulnerable population in Aarhus – a cross sectional study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Dr. Halgreen Eiset has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Christian	2. Surname (Last Name) Wejse	3. Date 18-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Signe Freja Storgaard
5. Manuscript Title First wave of COVID-19 did not reach the vulnerable population in Aarhus – a cross sectional study		
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1. Given Name (First Name) Farhiya	2. Surname (Last Name) Abdullahi	3. Date 18-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Signe Freja Storgaard
5. Manuscript Title First wave of COVID-19 did not reach the vulnerable population in Aarhus – a cross sectional study		
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Signe Freja

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Storgaard

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