ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Flugt
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Anette

2. Surname (Last Name)  
   Flugt

3. Date  
   16-April-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author's Name  
   Ioanna Milidou

5. Manuscript Title  
   Lethal Abusive Head Trauma in Infancy in Denmark from 2000 to 2011.  
   A comparison of data from the National Cause of Death Register autopsy reports.

6. Manuscript Identifying Number (if you know it)

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Dr. has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lise  

2. Surname (Last Name)  
   Frost  

3. Date  
   16-April-2020  

4. Are you the corresponding author?  
   Yes  
   ✔  

   Corresponding Author's Name  
   Ioanna Milidou  

5. Manuscript Title  
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   A comparison of data from the National Cause of Death Register autopsy reports.  

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Are there any relevant conflicts of interest?  
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   No  
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**Section 4. Intellectual Property -- Patents & Copyrights**

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1. Given Name (First Name)  
   Charlotte

2. Surname (Last Name)  
   Soendergaard

3. Date  
   16-April-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No

   Corresponding Author's Name  
   Ioanna Milidou

5. Manuscript Title  
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1. Given Name (First Name) Ioanna
2. Surname (Last Name) Milidou
3. Date 16-April-2020
4. Are you the corresponding author? Yes ☑ No

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