

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Helle Kvistgaard

2. Surname (Last Name)
Østergaard

3. Date
09-April-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kaj Døssing

5. Manuscript Title
Can ultrasound reliably exclude extremity fractures in adults?

6. Manuscript Identifying Number (if you know it)

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Dr. Østergaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Inger	2. Surname (Last Name) Mechlenburg	3. Date 07-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kaj Døssing
5. Manuscript Title Can ultrasound reliably exclude extremity fractures in adults?		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Mechlenburg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kjeld

2. Surname (Last Name)
Søballe

3. Date
07-April-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Kaj Verner Døssing

5. Manuscript Title
Can ultrasound reliably exclude extremity fractures in adults?

6. Manuscript Identifying Number (if you know it)

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Kaj

2. Surname (Last Name)

Døssing

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10-April-2017

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1. Given Name (First Name) Lars Bolvig	2. Surname (Last Name) Hansen	3. Date 10-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kaj Døssing
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