

Instructions

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Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Anette	rst Name)	2. Surname (Last Name) Bygum	3. Effective Date (07-August-2008) 30-August-2012
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's Name Mathias Tiedemann Svendsen
5. Manuscript Title Faciale angiofibi		erose behandlet med sirol	imus salve
6. Manuscript Ide	ntifying Number (if you	know it)	

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The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	/					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work U	nder Consideration f	for Pub	lication				
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		✓					×
							ADD

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Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

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Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	√					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	ADD
Section 4. Other relationsh	nips					
Are there other relationships or activi potentially influencing, what you wro				to have influenced, or th	at give the appearance o	f

✓ No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):

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1. Given Name (Fi Sigurd	rst Name)	2. Surname (Last Name) Broesby-Olsen	3. Effective Date (07-August-2008) 30-August-2012
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Mathias Tiedemann Svendsen
5. Manuscript Title Faciale angiofib		lerose behandlet med sirol	imus salve
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						ADD
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						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



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							ADD
7. Other		✓					×
							ADD

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1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					X
						ADD
5. Grants/grants pending	✓					×
						ADD
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11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Lars Kjærsgaard	2. Surname (Last Name) Hansen	3. Effective Date (07-August-2008) 01-September-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name
5. Manuscript Title Faciale angiofibromer ved tuberøs skl	erose behandlet med sirol	mus salve
6. Manuscript Identifying Number (if you	know it)	

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2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



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7. Other		✓					×		
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						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
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						ADD			
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						ADD			
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						ADD			
11. Stock/stock options	✓					×			
						ADD			
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×			
						ADD			
Other (err on the side of full disclosure)	✓					×			
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Section 1.	Identifying Infor	mation	
1. Given Name (First Name) Mathias Tiedemann		2. Surname (Last Name) Svendsen	3. Effective Date (07-August-2008) 30-August-2012
4. Are you the corresponding author?		✓ Yes No	
5. Manuscript Title Faciale angiofibr		lerose behandlet med sirolimus salve	
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2. Consultancy	✓					×		
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4. Expert testimony	✓					×		
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						ADD			
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×			
						ADD			
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