

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Frantz Rom

2. Surname (Last Name)
Poulsen

3. Date
03-June-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Aggressive combined endovascular and neurosurgical treatment of cerebral venous sinus thrombosis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Poulsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mette Katrine

2. Surname (Last Name)
Schulz

3. Date
03-June-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Frantz Rom Poulsen

5. Manuscript Title

Aggressive combined endovascular and neurosurgical treatment of cerebral venous sinus thrombosis

6. Manuscript Identifying Number (if you know it)

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Dr. Schulz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jørgen

2. Surname (Last Name)

Nepper-Rasmussen

3. Date

24-May-2013

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Frantz Rom Poulsen

5. Manuscript Title

Aggressive combined endovascular and neurosurgical treatment of cerebral venous sinus thrombosis

6. Manuscript Identifying Number (if you know it)

UFL-05-13-0324

Section 2. The Work Under Consideration for Publication

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Dr. Nepper-Rasmussen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lisbeth

2. Surname (Last Name)

Høgedal

3. Date

03-June-2013

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Frantz Rom Poulsen

5. Manuscript Title

Aggressive combined endovascular and neurosurgical treatment of cerebral venous sinus thrombosis

6. Manuscript Identifying Number (if you know it)

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Dr. Høgedal has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Margit Vejen	2. Surname (Last Name) Stilling	3. Date 28-May-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frantz Rom Poulsen
5. Manuscript Title Aggressive combined endovascular and neurosurgical treatment of cerebral venous sinus thrombosis		
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Dr. Stilling has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Birkeland	3. Date 31-May-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frantz Rom Poulsen
5. Manuscript Title Aggressive combined endovascular and neurosurgical treatment of cerebral venous sinus thrombosis		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Birkeland has nothing to disclose.

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