

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 four parts.

1. 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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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Use this section to report 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.

Logager



Section 1. Identifying Info	mation	
Given Name (First Name) Vibeke Berg	2. Surname (Last Name) Løgager	3. Effective Date (07-August-2008) 19-December-2012
4. Are you the corresponding author?	Yes No Corresponding Henrik S. The	g Author's Name omsen
5. Manuscript Title Magnetisk Resonans – MR		
6. Manuscript Identifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

Logager

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	√					×				
2. Consulting fee or honorarium	√					ADD X				
Support for travel to meetings for the study or other purposes	✓					×				
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	V					ADD ×				
Provision of writing assistance, medicines, equipment, or administrative support	✓					ADD ×				
ogager						2				



The Work Under Consider	ration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	\checkmark					×
						ADD

Section 3. Relevant financial activities outside the submitted work.

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

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
21 (2011) 2012 21 21 24						ADD
Patents (planned, pending or issued)	\checkmark					×
0.0	FTT.					ADD
9. Royalties	1					X ADD
Payment for development of educational presentations	√					×
						ADD
11. Stock/stock options	\checkmark					×
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					ADD ×
						ADD
Other (err on the side of full disclosure)	\checkmark					×
* This means money that your institution ** For example, if you report a consultanc				avel related to that consult	ancy on this line.	ADD
Section 4. Other relationsh	ips	11114				
Are there other relationships or activity potentially influencing, what you wro				o have influenced, or tha	at give the appearance of	
✓ No other relationships/conditions	/circums	tances tha	at present a po	tential conflict of interes	t	
Yes, the following relationships/co	nditions	circumst/	ances are pres	ent (explain below):		
At the time of manuscript acceptance On occasion, journals may ask authors						ments.
Hide All Tab	le Rows	Checked	'No'	SAVE		



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Section 1. Identifying Infor	mation	
Given Name (First Name) Eizaveta	Surname (Last Name) Chabanova	3. Effective Date (07-August-2008 19-December-2012
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Henrik S. Thomsen
5. Manuscript Title Magnetisk Resonans - MR		
6. Manuscript Identifying Number (if you	know it)	

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



The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
						ADD				
7. Other	1					×				
						× ADD				

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

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Relevant financial activities out	tside th	e 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)	√					×
9. Royalties	V					ADD
						ADD
 Payment for development of educational presentations 	\checkmark					×
	_	_	-			ADD
11. Stock/stock options	1					×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					ADD ×
						ADD
Other (err on the side of full disclosure)	1					×
						ADD
* This means money that your institution ** For example, if you report a consultance				avel related to that consult	ancy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activi potentially influencing, what you wro				o have influenced, or the	at give the appearance of	(i
✓ No other relationships/conditions	/circums	stances tha	it present a po	tential conflict of intere	st	
Yes, the following relationships/co	ondition:	s/circumst	ances are pres	ent (explain below):		
At the time of manuscript acceptance On occasion, journals may ask author						ements.
Hide All Tal	ole Rows	Checked	'No'	SAVE		

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Section 1. Identifying Infor	mation	The Te-	
Given Name (First Name) Jakob M	2. Surnar Møller	me (Last Name)	3. Effective Date (07-August-200) 18-December-2012
4. Are you the corresponding author?	Yes	₽ No	Corresponding Author's Name Henrik S Thomsen
5. Manuscript Title Magnetisk Resonans MR			
6. Manuscript Identifying Number (if you	know it)		

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The Work Under Consideration for Publication									
No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
V					×				
~					ADD X				
V					×				
V					ADD ×				
V					ADD ×				
V					ADD ×				
	NO N	No Money Paid to You V U V U V U V U V U V U V U V V	No Paid Your Institution* V	No Paid Your Name of Entity Institution* No Paid Your Institution* No Paid Your Name of Entity No Paid Your Name of Entity	No Paid Your Name of Entity Comments** V				



The Work Under Consider	ration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	V					×
						ADD

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Relevant financial activities ou	tside th	e submitt	ed work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	V					×
2. Consultancy	V					ADD X ADD
3. Employment	V					×
4. Expert testimony	V					ADD ×
5. Grants/grants pending	V					ADD X
Payment for lectures including service on speakers bureaus	V					ADD X
7. Payment for manuscript preparation	V					ADD X

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Relevant financial activities out	side the	submit	ted work			
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CE MARKET DE TOUR LE CONTROL DE C						ADD
Patents (planned, pending or issued)	V					×
9. Royalties	V					ADD ×
Payment for development of educational presentations	V					ADD ×
11. Stock/stock options	V					ADD ×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	V					ADD
13. Other (err on the side of full disclosure)	V					ADD
* This means money that your institution ** For example, if you report a consultance Section 4. Other relationship	y above ti			avel related to that consult	ancy on this line.	ADD
Are there other relationships or activity potentially influencing, what you wro	ties that te in the	submitted	i work?			F
Yes, the following relationships/co						
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Hratrism I



Section 1 Identifying It	iformation	
Given Name (First Name) Henrik S.	Surname (Last Name) Thomsen	3. Effective Date (07-August-2008) 18-December-2012
4. Are you the corresponding author	? Yes No	
5. Manuscript Title Magnetisk Resonace		
6. Manuscript Identifying Number (if N/A	you know it)	

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The Work Under Consideration (or Publ	lication				
			Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					X AUD
2. Consulting fee or honorarium	\checkmark					
Support for travel to meetings for the study or other purposes	V					×
 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	✓					
Provision of writing assistance, medicines, equipment, or administrative support	V					Ap.D



The Work Under Consider	ation for Pub	lication			
type	Mis	Money Paid to You	Money to Your Institution	Name of Entity	
					ADD
7. Other	1				

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Type of Relationship (in alphabatical order)					
1. Board membership	✓				×
2. Consultancy	/				ADD ×
3. Employment	1				ADD ×
4. Expert testimony	✓				AUD
5. Grants/grants pending	\checkmark				
Payment for lectures including service on speakers bureaus	/				
Payment for manuscript preparation	/				ADD ×

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✓ No other relationships/conditions	/circum	stances tha	at present a	potential conflict of inte	erest	
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Given Name (First Name) Lone	2. Surname (Last Name) Larsen	3. Effective Date (07-August-2008) 20-December-2012
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Henrik S. Thomsen
5. Manuscript Title Magnetisk resonans-MR		
6. Manuscript Identifying Number (if you Ufl-12-12-0736	know it)	

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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



The Work Under Consider	ation for Pub	lication				
Туре	No	Money Paid	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other						×
r, which						ADD

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	e submitt	ed work		J. J. J. J.	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	V					AB
2. Consultancy	✓					× AD
3. Employment	✓					×
1. Expert testimony	1					> At
5. Grants/grants pending	/					AE
 Payment for lectures including service on speakers bureaus 	V					AE
7. Payment for manuscript preparation	√					8

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
 Patents (planned, pending or issued) 	V					ADI ×
). Royalties	✓					× ADI
Payment for development of educational presentations	/					×
Stock/stock options	/					AD X
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	V					×
Other (err on the side of full disclosure)	✓					X AD
* This means money that your institution ** For example, if you report a consultan Section 4. Other relations	cy above	d for your e there is no	fforts. need to report t	ravel related to that consu	iltancy on this line.	
Are there other relationships or active potentially influencing, what you wr	ities that ote in th	at readers ne submitt	could perceive ed work?	to have influenced, or t	hat give the appearance	of
✓ No other relationships/condition Yes, the following relationships/	conditio	ns/circum	stances are pre	esent (explain below):		
At the time of manuscript acceptant On occasion, journals may ask autho	e, journ	als will asl sclose furt	k authors to co her information	nfirm and, if necessary, i n about reported relatio	update their disclosure s nships.	tatemer



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