

## ICMJJE Form for Disclosure of Potential Conflicts of Interest

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### 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.

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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## Section 1. Identifying Information

1. Given Name (First Name) Sándor	2. Surname (Last Name) Beniczky	3. Effective Date (07-August-2008) 03-May-2012
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lene Duez
5. Manuscript Title Magnetoencefalografisk påvist epileptisk fokus hos patient med behandlingsrefraktær epilepsi.		
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 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						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	

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Show All Table Rows

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Anders      2. Surname (Last Name) Fuglsang-Frederiksen      3. Effective Date (07-August-2008) 03-May-2012

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name Lene Duez

5. Manuscript Title Magnetoencefalografisk påvist epileptisk fokus hos patient med behandlingsrefraktær epilepsi.

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The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dansk Epilepsiforening		X
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lundbeck fonden		X
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Det Frie Forskningsråd		X
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aarhus Universitetshospital		X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurofysiologisk afdeling, Aarhus Universitetshospital		X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD

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1. Given Name (First Name) Lene      2. Surname (Last Name) Duez      3. Effective Date (07-August-2008) 03-May-2012

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Magnetoencefalografisk påvist epileptisk fokus hos patient med behandlingsrefraktær epilepsi.

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						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
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8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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