

ICMJE Form for Disclosure of Potential Conflicts of Interest

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 six parts.

1. Identifying information.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Nanna

2. Surname (Last Name)

Damsgaard

3. Date

09-June-2013

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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

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Section 1. Identifying Information

1. Given Name (First Name)

Lone

2. Surname (Last Name)

Skov

3. Date

09-June-2013

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Nanna Damsgaard

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Authorship Declaration • Danish Medical Journal

The present Authorship Declaration comprises mandatory author information. It is therefore important that you fill in all form fields before printing and signing it.

Manuscript title:

Article no. - (if known):

Manuscript type månedens billede

I hereby declare and guarantee

- that the work presented in the present manuscript has not been published elsewhere, neither in part nor in whole, and that it is not currently being assessed by the editorial staff of any other journal,
- that the work is free of any copyright issues and that the necessary rights to publish illustrations, figures and photos have been cleared, and that any persons appearing on any photos have agreed that the photos may be published
- that all necessary permissions and authorisations to use patient information, laboratory data, image diagnostic material, medical test results, etc. have been obtained,
- that the manuscript, in so far as it emanates from an organisation or department, has been cleared for submission in its present form by the head or other relevant person or persons of the organisation or department,
- that the work presented in this manuscript will not be published anywhere else, including the news media, before being published in the Danish Medical Journal, www.danmedj.dk or rejected, except by prior agreement with the Editorial Committee,
- that any persons or organisations mentioned under Acknowledgments have agreed to such mention,
- that all authors meet the authorship criteria as provided by the Vancouver rules, i.e. have contributed substantially to all three of the following: planning or collecting /interpreting data, preparing or reviewing the final manuscript and approving the final manuscript,
- that the appendix »ICMJE Form for Disclosure of Potential Conflicts of Interest« has been filled in and submitted along with this »Authorship Declaration«.

Corresponding author:

Name: Nanna Damsgaard

Address: Valdemar Holmers Gade 3, 2100 København Ø

Daytime phone number: 51208216

E-mail: damsgaard.nanna@gmail.com

Authorship presupposes substantial contribution to all of the three Vancouver authorship criteria mentioned above. This includes anyone who is listed as authors of multicenter studies. Anyone who has contributed to the work but who are not co-authors should be mentioned under Acknowledgements and their contribution should be described in detail. Acknowledgements may be stated on page 2 of the present document.

Authors of the manuscript (Please fill in all fields for every author)

Name	Institution / Department
Nanna Damsgaard	Afdeling for Hud- og Allergi, Gentofte Hospital
Lone Sikov	Afdeling for Hud- og Allergi, Gentofte Hospital
Javad Nouri Hajari	Øjenafdelingen, Glostrup Hospital
Steffen Heegaard	Øjenafdelingen, Glostrup Hospital

Signature





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1. Given Name (First Name)
Steffen

2. Surname (Last Name)
Heegaard

3. Date
13-June-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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Dr. Heegaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Javad
2. Surname (Last Name)
Hajari
3. Date
24-June-2013
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Nanna Damsgaard
5. Manuscript Title
månedens billede
6. Manuscript Identifying Number (if you know it)

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