

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rikke
2. Surname (Last Name) Schnack Petersen
3. Date 07-February-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Audiologi

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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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.**

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Section 4. Intellectual Property -- Patents & Copyrights

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

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Dr. Schnack Petersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
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2. Surname (Last Name)
Percy-Smith
3. Date
07-February-2014
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Rikke Schnack-Petersen
5. Manuscript Title
Audiology
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Dr. Percy-Smith Has nothing to disclose

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