

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 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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Section 1. Identifying Information

1. Given Name (First Name) Michael 2. Surname (Last Name) Achiam 3. Effective Date (07-August-2008) 21-January-2013

4. Are you the corresponding author? Yes No Corresponding Author's Name Cecilie Okholm

5. Manuscript Title Kliniske aspekter af cirkulerende tumorceller ved ventrikel cancer

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** | |
| 1. Grant | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | 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 |
| 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 |

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| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | ADD |
| | | | | | | X |
| | | | | | | ADD |

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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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 4. Expert testimony | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 5. Grants/grants pending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
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| | | | | | | 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 |
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Hide All Table Rows Checked 'No'

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Section 1. Identifying Information

1. Given Name (First Name) Cecilie 2. Surname (Last Name) Okholm 3. Effective Date (07-August-2008) 01-February-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Kliniske aspekter af cirkulerende tumorceller ved ventrikelcancer

6. Manuscript Identifying Number (if you know it)
UFL-01-13-0083

Section 2. The Work Under Consideration for Publication

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| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 1. Grant | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | 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 |
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| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | ADD |
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| 1. Board membership | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
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| | | | | | | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Morten | 2. Surname (Last Name) Thorsteinsson | 3. Effective Date (07-August-2008) 01-February-2013 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Cecilie Okholm |
| 5. Manuscript Title Kliniske aspekter af cirkulerende tumorceller ved ventrikelcancer | | |
| 6. Manuscript Identifying Number (if you know it) UFL-01-13-0083 | | |

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| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| 1. Grant | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
| | | | | | | ADD |
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| | | | | | | ADD |
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| 5. Payment for writing or reviewing the manuscript | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | X |
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| | | | | | | ADD |
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