

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Frederik Neess	2. Surname (Last Name) Engsig	3. Date 22-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cecilie Balslev Willert
5. Manuscript Title Progressiv multifokal leukoencefalopati hos en patient med myelomatose		
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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Dr. Engsig has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Åse Bengård

2. Surname (Last Name)

Andersen

3. Date

04-August-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Cecilie Balslev Willert

5. Manuscript Title

Progressiv multifokal leukoencefalopati hos en patient med myelomatose

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Andersen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Helle Wulf

2. Surname (Last Name)  
Eskildsen

3. Date  
21-July-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Progressiv multifokal leukoencefalopati hos en patient med myelomatose

6. Manuscript Identifying Number (if you know it)

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Dr. Eskildsen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Cecilie Balslev

2. Surname (Last Name)  
Willert

3. Date  
17-July-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Progressiv multifokal leukoencefalopati hos en patient med myelomatose

6. Manuscript Identifying Number (if you know it)

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