

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Per

2. Surname (Last Name)
Kongsted

3. Date
11-June-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Fatal neutropen enterocolitis hos patient med kastrationsresistent prostatacancer i kemoterapi

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. Kongsted has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kiran

2. Surname (Last Name)
Sheikh

3. Date
13-June-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Per Kongsted

5. Manuscript Title

Fatal neutropen enterocolitis hos patient med kastrationsresistent prostatacancer i kemoterapi

6. Manuscript Identifying Number (if you know it)

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Dr. Sheikh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lene Sonne

2. Surname (Last Name)
Mouritsen

3. Date
13-June-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Per Kongsted

5. Manuscript Title

Fatal neutropen enterocolitis hos patient med kastrationsresistent prostatacancer i kemoterapi

6. Manuscript Identifying Number (if you know it)

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Dr. Mouritsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Henriette

2. Surname (Last Name)
Lindberg

3. Date
11-June-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Per Kongsted

5. Manuscript Title

Fatal neutropen enterocolitis hos patient med kastrationsresistent prostatacancer i kemoterapi

6. Manuscript Identifying Number (if you know it)

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Dr. Lindberg has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lisa

2. Surname (Last Name) Sengeløv

3. Date 12-June-2013

4. Are you the corresponding author? Yes No Corresponding Author's Name Per Kongsted

5. Manuscript Title Fatal neutropen enterocolitis hos patient med kastrationsresistent prostatacancer i kemoterapi

6. Manuscript Identifying Number (if you know it) _____

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanofi Aventis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ipsen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bristol-Myers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Dr. Sengeløv reports grants and non-financial support from Sanofi Aventis, grants and non-financial support from Ipsen, grants and non-financial support from Bristol-Myers, outside the submitted work; .

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