

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Maria

2. Surname (Last Name)
Schøler Nørgaard

3. Date
14-December-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
8 aarig dreng med BPPV efter hovedtraume.

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

Section 3. Relevant financial activities outside the submitted work.

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**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Schøler Nørgaard has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Malene
2. Surname (Last Name)
Sine Rokkjær
3. Date
12-February-2014
4. Are you the corresponding author? Yes No
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Sine Rokkjær has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jette
2. Surname (Last Name)
Berg
3. Date
12-February-2014
4. Are you the corresponding author? Yes No
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Dr. Berg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Lüscher

3. Date

12-February-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Lüscher has nothing to disclose.

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