

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Steven Arild Wuyts

2. Surname (Last Name)

Andersen

3. Date

06-March-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Gelatinøs transformation af knoglemarven ved overdreven træning

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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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
The Oticon Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant for Ph.D-studies on virtual simulation in temporal bone surgery.

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Andersen reports grants from The Oticon Foundation, outside the submitted work; .

### 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) Louise	2. Surname (Last Name) Salomo	3. Date 14-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Steven A. W. Andersen
5. Manuscript Title Gelatinøs transformation af knoglemarven ved overdreven træning		
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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### Section 1. Identifying Information

1. Given Name (First Name)  
Elisabeth

2. Surname (Last Name)  
Ralfkiaer

3. Date  
18.03.2014

*SAW*

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Steven A. W. Andersen

5. Manuscript Title  
Gelatinøs transformation af knoglemarven ved overdreven træning

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lars

2. Surname (Last Name)

Kjeldsen

3. Date

17-March-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Steven A. W. Andersen

5. Manuscript Title

Gelatinøs transformation af knoglemarven ved overdreven træning

6. Manuscript Identifying Number (if you know it)

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Dr. Kjeldsen has nothing to disclose.

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