

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 six parts.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yousif

2. Surname (Last Name)

Subhi

3. Date

05-December-2013

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Fysisk aktivitet er gavnligt for patienter med øjensygdommen aldersrelateret makuladegeneration

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

 Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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Section 6. Disclosure Statement

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

Dr. Subhi 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) Inger Christine	2. Surname (Last Name) Munch	3. Date 29-November-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Torben Lykke Sørensen
5. Manuscript Title Fysisk aktivitet er gavnligt for patienter med øjensygdommen aldersrelateret makuladegeneration		
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.

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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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Dr. Munch 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) Amardeep	2. Surname (Last Name) Singh	3. Date 27-November-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Torben Lykke Sørensen
5. Manuscript Title Fysisk aktivitet er gavnligt for patienter med øjensygdommen aldersrelateret makuladegeneration		
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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
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel grant to attend ARVO meeting 2013
Novartis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel expenses for AAO meeting 2013 and Euretina Meeting 2013

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Singh reports grants from Novartis, other from Novartis, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Torben Lykke

2. Surname (Last Name)

Sørensen

3. Date

29-November-2013

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Fysisk aktivitet er gavnligt for patienter med øjensygdommen aldersrelateret makuladegeneration

6. Manuscript Identifying Number (if you know it)

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