

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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

Relationships not covered above.

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

Thomsen 1



Section 1.	Identifying Inform	ation			
Given Name (First Name) Sidsel Thorup		2. Surname (Last Name) Thomsen	3. Date 16-April-2015		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Christian Tersbøl Pinkowsky		
5. Manuscript Title Varicella zoster meningitis med associeret vaskulit hos nyb		ret vaskulit hos nybagt mo	or		
6. Manuscript Ider UFL-04-15-0307	ntifying Number (if you kn	ow it)			
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Section 2.	The Work Under Co	onsideration for Public	ation		
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
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Section 4.		_			
Section 4.	Intellectual Proper	ty Patents & Copyric	ints		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Thomsen 2



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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. Thomsen has nothing to disclose.				

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Jensen 1



Section 1. Identifying Infor	mation				
1. Given Name (First Name) Helene	2. Surname (Last Name) Jensen	3. Date 15-April-2015			
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Christian Tersbøl Pinkowsky			
5. Manuscript Title Varicella zoster meningitis med associeret vaskulit hos nybagt mo		or			
6. Manuscript Identifying Number (if you know it) UFL-04-15-0307					
Section 2. The Work Under Consideration for Publication					
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Jensen 2



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Pinkowsky 1



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4. Are you the corresponding author?		✓ Yes No			
5. Manuscript Title Varicella zoster n		ret vaskulit hos nybagt mor			
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	1				
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Pinkowsky 2



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