



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Berit

2. Surname (Last Name)
Carlsen

3. Date
25-May-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Ablativ laserbehandling af rhinophyma

6. Manuscript Identifying Number (if you know it)
Vpbil 66927

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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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?

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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. Carlsen 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)
Helle

2. Surname (Last Name)
Kiellberg Larsen

3. Date
26-May-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Berit Carlsen

5. Manuscript Title
Ablativ laserbehandling af rhinophyma

6. Manuscript Identifying Number (if you know it)
Vpbil 66927

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Dr. Kiellberg Larsen 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)
Merete

2. Surname (Last Name)
Haedersdal

3. Date
29-May-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Berity Carlsen

5. Manuscript Title
Ablativ laserbehandling af rhinophyma

6. Manuscript Identifying Number (if you know it)
Vpbil 66927

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Dr. Haedersdal has nothing to disclose.

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