

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Laura

2. Surname (Last Name)

Giraldi

3. Date

08-December-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Mikkel Fode

5. Manuscript Title

Penisimplantater er en god sidste behandlingsmulighed for erektil dysfunktion

6. Manuscript Identifying Number (if you know it)

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Dr. Girdali has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jakob

2. Surname (Last Name)

Feldbo

3. Date

08-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Mikkel Fode

5. Manuscript Title

Penisimplantater er en god sidste behandlingsmulighed for erektil dysfunktion

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Feldbo has nothing to disclose.

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1. Given Name (First Name) _____
Jens

2. Surname (Last Name) _____
Sønksen

3. Date _____
08-December-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name _____
Mikkel Fode

5. Manuscript Title _____
Penisimplantater er en god sidste behandlingsmulighed for erektil dysfunktion

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If yes, please fill out the appropriate information below.

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Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific advisory board medlem og undervisning: Eli Lilly
Menarini	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific advisory board medlem: Menarini

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Dr. Sønksen reports personal fees from Eli Lilly , personal fees from Menarini, outside the submitted work; .

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1. Given Name (First Name) Mikkel 2. Surname (Last Name) Fode 3. Date 08-December-2014

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Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undervisning: Bayer

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