

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Mette

2. Surname (Last Name)

Lindelof

3. Date

26-March-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Sympatisk storm udløser elektrisk storm hos patient med intrakraniell blødning

6. Manuscript Identifying Number (if you know it)

UFL-03-15-0255

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Lindelof 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) Ulla	2. Surname (Last Name) Høst	3. Date 30-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mette Lindeloff
5. Manuscript Title Sympatisk storm udløser elektrisk storm hos patient med intrakraniell blødning.		
6. Manuscript Identifying Number (if you know it) UFL-03-15-0255		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Høst 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)

Kajsa

2. Surname (Last Name)

Kemppi

3. Date

27-March-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Mette Lindelof

5. Manuscript Title

Sympatisk storm udløser elektrisk storm hos patient med intrakraniell blødning.

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Dr. Kemppe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Asgeir Snær	2. Surname (Last Name) Vilhjalmsson	3. Date 31-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Helene Jensen
5. Manuscript Title Sympatisk storm udløser elektrisk storm hos patient med intrakraniell blødning		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Vilhjalmsson has nothing to disclose.

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1. Given Name (First Name) Helene	2. Surname (Last Name) Jensen	3. Date 30-March-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
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