

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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2. The work under consideration for publication.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Line Carøe

2. Surname (Last Name)

Sørensen

3. Date

15-January-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Husk sjældne metaboliske årsager til encefalopati hos småbørn og større børn

6. Manuscript Identifying Number (if you know it)

UFL-12-15-1013

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Are there any relevant conflicts of interest? Yes No

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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. Sørensen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Shazia

2. Surname (Last Name)
Rehman

3. Date
2016-5/-4

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Line Carøe Sørensen

5. Manuscript Title

Husk sjældne metaboliske årsager til encefalopati hos små børn og større børn. Remember rare metabolic disease and encefalopaty among children.

6. Manuscript Identifying Number (if you know it)

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Dr. Rehman has nothing to disclose.

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1. Given Name (First Name)

Line Coee

2. Surname (Last Name)

Sorensen

3. Date

29.12.15

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Med. sygdom.

6. Manuscript Identifying Number (if you know it)

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Allan

2. Surname (Last Name)

Lund

3. Date

05-January-2016

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 Yes

No

Corresponding Author's Name

Line Caroe Sørensen

5. Manuscript Title

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