

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

Pedersen 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Morten Høgild		2. Surname (Last Name) Pedersen	3. Date 21-October-2015	
4. Are you the corresponding author?		✓ Yes No		
	5. Manuscript Title Toriske intraokulære linser til korrektion af bygningsfejl i forbindelse med kataraktoperation			
6. Manuscript Identifying Number (if you know it) 08-15-0698				
	1			
Section 2.	The Work Under Co	onsideration 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 V No				
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Do you have any	•	ned, pending or issued, broadly relevant to the wor	k? ☐ Yes 🗸 No	

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.		
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. Pedersen 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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Olsen 1



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1. Given Name (First Name) Thomas	2. Surname (Last Name) Olsen		Date -October-2015	
4. Are you the corresponding author?	Yes No Corresponding Author's Na Morten Høgild Pedersen			
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Olsen 2



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Jeppesen 1



Section 1.	Identifying Inform	ation		
Given Name (First Name) Peter		2. Surname (Last Name) Jeppesen		3. Date 26-October-2015
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Morten Høgild Pedersen	
5. Manuscript Title Toriske intraokul		n af bygningsfejl i forbinde	else med kataraktoperation	
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