

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. 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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Thomas

2. Surname (Last Name)  
Krøigård

3. Date  
22-February-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Hudbiopsi og andre diagnostiske metoder ved småfiberpolyneuropati

6. Manuscript Identifying Number (if you know it)  
UFL-01-16-0013

### 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

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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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Dr. Krøigård 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) Pall	2. Surname (Last Name) Karlsson	3. Date 23-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thomas Krøigård
5. Manuscript Title Hudbiopsi og andre diagnostiske metoder ved småfiberpolyneuropati		
6. Manuscript Identifying Number (if you know it) UFL-01-16-0013		

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Karlsson 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) 2. Surname (Last Name) 3. Date  
 Nanna Finnerup 22-February-2016

4. Are you the corresponding author?  Yes  No Corresponding Author's Name  
Thomas Krøigård

5. Manuscript Title  
 Hudbiopsi og andre diagnostiske metoder ved småfiberpolyneuropati

6. Manuscript Identifying Number (if you know it)  
 UFL-01-16-0013

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
IMI Europain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EUROPAIN Investigational Medicines Initiative (IMI), a public-private partnership between the European Federation of Pharmaceutical Industries and Associations (EFPIA) and EU
TEVA Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Grünenthal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy



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Dr. Finnerup reports grants from IMI Europain, personal fees from TEVA Pharmaceuticals, personal fees from Grünenthal, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Søren Hein

2. Surname (Last Name)  
Sindrup

3. Date  
22-February-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Thomas Krøigård

5. Manuscript Title  
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Dr. Sindrup has nothing to disclose.

### Evaluation and Feedback

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Troels

2. Surname (Last Name)  
Jensen

3. Date  
22-February-2016

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Corresponding Author's Name  
Thomas Krøigård

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grünenthal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Astra-Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Jensen reports personal fees from Pfizer, personal fees from Grünenthal, personal fees from Orion, personal fees from Astra-Zeneca, outside the submitted work; .

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