

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.

1. Identifying information.

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jakob	2. Surname (Last Name) Borch	3. Date 21-April-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katrine Karmisholt
5. Manuscript Title Dermatologisk laser- og lysbehandling af ar		
6. Manuscript Identifying Number (if you know it)		

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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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. Borch has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Katrine

2. Surname (Last Name)

Karmisholt

3. Date

21-April-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Dermatologisk laser- og lysbehandling af ar

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Karmisholt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Merete

2. Surname (Last Name) Hædesrdal

3. Date 03-May-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name Katrine Karmisholt

5. Manuscript Title Dermatologisk laserbehandling af ar

6. Manuscript Identifying Number (if you know it) UFL-04-16_0287

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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
Ellipse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
GME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Loan of equipment
Lumenis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Lutronic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Palomar-cynosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Procter and Gamble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Sciton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Syneron-Candela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Loan of equipment

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Dr. Hædesrdal reports grants from Ellipse, other from GME, grants from Lumenis, grants from Lutronic, grants from Palomar-cynosure, grants from Procter and Gamble, grants from Sciton, other from Syneron-Candela, outside the submitted work; .

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1. Given Name (First Name)
Silje

2. Surname (Last Name)
Omland

3. Date
29-April-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Katrine Karmisholt

5. Manuscript Title
Laser- og lysbehandling til ar

6. Manuscript Identifying Number (if you know it)
UFL-04-16-0287

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