

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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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Louise

2. Surname (Last Name)
Feldborg Lyckhage

3. Date
26-July-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Timeglasneurinom resulterede i polyneuropatisymptomer

6. Manuscript Identifying Number (if you know it)
UFL-06-16-0400

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Dr. Feldborg Lyckhage has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)
Peer

2. Surname (Last Name)
Tfelt-Hansen

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26-July-2016

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☐ Yes ☒ No

Corresponding Author's Name
Lousie Feldborg Lyckhage

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Troels

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Wesenberg Kjær

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