

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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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) Helle 2. Surname (Last Name) Hjalgrim 3. Date 30-May-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Frederikke Høgsbro-Rode

5. Manuscript Title
Diætbehandling ved behandlingsrefraktær epilepsi

6. Manuscript Identifying Number (if you know it)
UFL-03-16-0186

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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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
Chair for an advisory board Shire	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Hjalgrim reports personal fees from Chair for an advisory board Shire, outside the submitted work; .

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)
Frederikke

2. Surname (Last Name)
Høgsbro-Rode

3. Date
22-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Diætbehandling ved behandlingsrefraktær epilepsi

6. Manuscript Identifying Number (if you know it)
UFL-03-16-0186

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Dr. Høgsbro-Rode has nothing to disclose.

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Vibeke

2. Surname (Last Name)

Stubbings

3. Date

24-May-2016

4. Are you the corresponding author?

 Yes

No

Corresponding Author's Name

Frederikke Høgsbro-Rode

5. Manuscript Title

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Katrine

2. Surname (Last Name)

Johannesen

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22-May-2016

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 Yes No

Corresponding Author's Name

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