

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.

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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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Section 1. Identifying Information

1. Given Name (First Name) Lene	2. Surname (Last Name) Hedelund	3. Date 27-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lene Hedelund
5. Manuscript Title Dermatologisk laserbehandling. Hvilke hudforandringer kan behandles, og hvad behandles i offentligt regi?		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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I work at Aarhus University Hospital and at Nage in Aarhus (cosmetic clinic). I perform dermatologic laser treatments covered by the public "Sygesikring" and privately paid, respectively.

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Lene Hedelund work with both private and publicly paid laser treatments.

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Section 1. Identifying Information

1. Given Name (First Name) Hans Bredsted	2. Surname (Last Name) Lomholt	3. Date 08-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lene Hedelund
5. Manuscript Title Dermatologisk laserbehandling. Hvilke hudforandringer kan behandles, og hvad behandles i offentligt regi?		
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Dr. Lomholt work with both private and publicly paid laser treatments.

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Section 1. Identifying Information

1. Given Name (First Name) Merete 2. Surname (Last Name) Hædersdal 3. Date 14-August-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lene Hedelund

5. Manuscript Title
Dermatologisk laserbehandling. Hvilke hudforandringer kan behandles, og hvad behandles i offentligt regi?

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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. Hædersdal received research grants from Ellipse, Lumenis, Lutronic, Palomar-Cynosure, Procter and Gamble, Sciton, and loan of equipment from GME, Syneron-Candela.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) susanne
2. Surname (Last Name) vissing
3. Date 08-September-2016
4. Are you the corresponding author? Yes No Corresponding Author's Name Lene Hedelund
5. Manuscript Title
Dermatologisk laserbehandling. Hvilke hudforandringer kan behandles, og hvad behandles i offentligt regi?
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1. Given Name (First Name) Berit	2. Surname (Last Name) Carlsen	3. Date 08-September-2016
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Dr. Carlsen has nothing to disclose.

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