

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Julie Richter

2. Surname (Last Name)
Hansen

3. Date
28-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Spinal dural arerior-venous fistel - a rare but treatable etiology of transverse myelitis

6. Manuscript Identifying Number (if you know it)
UFL-09-16-0617

Section 2. The Work Under Consideration for Publication

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Dr. Hansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Peer	2. Surname (Last Name) Tfelt-Hansen	3. Date 28-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julie Richter Hansen
5. Manuscript Title Spinal dural arerior-venous fistel - a rare but treatable etiology of transverse myelitis		
6. Manuscript Identifying Number (if you know it) UFL-09-16-0617		

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Dr. Tfelt-Hansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Markus

2. Surname (Last Name) Holtmannspoetter

3. Date 27-February-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name Julie Richter Hansen

5. Manuscript Title Spinal Arterio-Venøs-dural fistel (SDAVF) – en sjælden men behandlelig årsag til transversel myelit (TM)

6. Manuscript Identifying Number (if you know it) _____

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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
Microvention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and Proctor
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and Proctor
Sequent Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and Proctor
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Mentice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Neuravi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Dr. Holtmannspoetter reports personal fees from Microvention, personal fees from Medtronic, personal fees from Sequent Medical, personal fees from Stryker, personal fees from Mentice, personal fees from Neuravi, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Joan

2. Surname (Last Name)

Højgaard

3. Date

28-February-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Spinal Arterio-Venøs dural fistel (SDAVF)-ensjældenmen behandlelig årsag til transversal myelit(TM)

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Poulsgaard

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27-February-2017

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Yes No

Corresponding Author's Name

Julie Richter Hansen

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