

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Allan	2. Surname (Last Name) Lund	3. Date 30-March-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kristian Vestergaard Jensen
5. Manuscript Title Udredning af anfald i neonatalperioden		
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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Section 6. Disclosure Statement

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Dr. Lund has nothing to disclose.

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)

Kristian Vestergaard

2. Surname (Last Name)

Jensen

3. Date

30-March-2017

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Udredning af anfall i neonatalperioden

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)

Maria J.

2. Surname (Last Name)

Miranda

3. Date

06-April-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kristian Vestergaard Jensen

5. Manuscript Title

Udredning af anfald i neonatalperioden

6. Manuscript Identifying Number (if you know it)

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Allan

2. Surname (Last Name)
Lund

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30-March-2017

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Corresponding Author's Name
Kristian Vestergaard Jensen

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Bo Mølholm Hansen has nothing to disclose.

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