



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Astrid Juhl

2. Surname (Last Name)

Terkelsen

3. Date

08-August-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Klinik, diagnostik og udredning af autonom dysfunktion hos voksne

6. Manuscript Identifying Number (if you know it)

UFL-05-17-0409

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication.**

Are there any relevant conflicts of interest? Yes No

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 5. Relationships not covered above

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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. Terkelsen 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)

John

2. Surname (Last Name)

Hansen

3. Date

30-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Astrid J. Terkelsen

5. Manuscript Title

Klinik, diagnostik og udredning af autonom dysfunktion hos voksne

6. Manuscript Identifying Number (if you know it)

UFL-05-17-0409

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Dr. Hansen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Anja

2. Surname (Last Name)

Klostergaard

3. Date

17-July-2017

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Astrid Juhl Terkelsen

5. Manuscript Title

Klinik, diagnostik og udredning af autonom dysfunktion hos voksne

6. Manuscript Identifying Number (if you know it)

UFL-05-17-0409

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Dr. Klostergaard has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Marit

2. Surname (Last Name)
Otto

3. Date
10-August-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Astrid Terkelsen

5. Manuscript Title
Klinik, diagnostik og udredning af autonom dysfunktion hos voksne

6. Manuscript Identifying Number (if you know it)
UFL-05-17-0409

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Dr. Otto has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Henning

2. Surname (Last Name)

Mølgaard

3. Date

15-August-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Astrid J. Terkelsen

5. Manuscript Title

Klinik, diagnostik og udredning af autonom dysfunktion hos voksne

6. Manuscript Identifying Number (if you know it)

UFL-08-17-0612

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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Are there any relevant conflicts of interest? Yes No

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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Dr. Mølgaard has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Christian Lodberg

2. Surname (Last Name)

Hvas

3. Date

26-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Astrid Juhl Terkelsen

5. Manuscript Title

Klinik, diagnostik og udredning af autonom dysfunktion hos voksne

6. Manuscript Identifying Number (if you know it)

UFL-05-17-0409

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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

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Dr. Hvas has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Klaus

2. Surname (Last Name)
Krogh

3. Date
01-August-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Astrid Terkelsen

5. Manuscript Title
Klinik, diagnostik og udredning af autonom dysfunktion hos voksne

6. Manuscript Identifying Number (if you know it)
UFL-05-17-0409

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Are there any relevant conflicts of interest? Yes No

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Dr. Krogh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Hans Jørgen

2. Surname (Last Name)

Kirkeby

3. Date

18-August-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Astrid Juhl Terkelsen

5. Manuscript Title

Klinik, diagnostik og udredning af autonom dysfunktion hos voksne

6. Manuscript Identifying Number (if you know it)

UFL-05-17-0409

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Dr. Kirkeby has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Henning

2. Surname (Last Name)

Andersen

3. Date

03-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Astrid Juhl Terkelsen

5. Manuscript Title

Klinik, diagnostik og udredning af autonom dysfunktion hos voksne

6. Manuscript Identifying Number (if you know it)

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Dr. Andersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
troels

2. Surname (Last Name)
jensen

3. Date
03-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Terkelsen, Astrid

5. Manuscript Title
Klinik, diagnostik og udredning

6. Manuscript Identifying Number (if you know it)
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Dr. Jensen has nothing to disclose.

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