

## 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)  
Alexander

2. Surname (Last Name)  
Fjældstad

3. Date  
28-August-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Bag om smag og flavour

6. Manuscript Identifying Number (if you know it)  
UFL-07-17-0562

### 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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Dr. Fjældstad 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)  
Therese

2. Surname (Last Name)  
Ovesen

3. Date  
29-August-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Alexander Fjaeldstad

5. Manuscript Title  
Bag om smag og flavour

6. Manuscript Identifying Number (if you know it)  
UFL-07-17-0562

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Dr. Ovesen has nothing to disclose.

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1. Given Name (First Name)

Jens

2. Surname (Last Name)

Nyengaard

3. Date

29-August-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Alexander Fjaeldstad

5. Manuscript Title

Bag om smag og flavour

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### Section 1. Identifying Information

1. Given Name (First Name) Henrique	2. Surname (Last Name) Fernandes	3. Date 29-August-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Alexander Fjaeldstad
5. Manuscript Title Bag om smag og flavour		
6. Manuscript Identifying Number (if you know it) UFL-07-17-0562		

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