

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.

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2. The work under consideration for publication.

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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)
Kristoffer

2. Surname (Last Name)
Vogler

3. Date
15-June-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Behandling af migræne hos børn og unge

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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. Vogler 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)

Maria J.

2. Surname (Last Name)

Miranda

3. Date

18-June-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Kristoffer Vogler

5. Manuscript Title

Behandling af migræne hos børn og unge

6. Manuscript Identifying Number (if you know it)

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Dr. Miranda has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Caroline	2. Surname (Last Name) Gren	3. Date 15-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristoffer Vogler
5. Manuscript Title Behandling af migræne hos børn og unge		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Nanette	2. Surname (Last Name) Debes	3. Date 19-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristoffer Vogler
5. Manuscript Title Behandling af migræne hos børn og unge		
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