

## ICMJJE 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.

#### 1. Identifying information.

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#### 4. Intellectual Property.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Andreas Brandt

2. Surname (Last Name)  
Gormsen

3. Date  
20-July-2017

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Uffe Koppelhus

5. Manuscript Title  
Hæmorrhagisk proktokolitis som primær manifestation af lymphogranuloma venereum (LGV) hos en HIV-smittet  
homoseksuel mand

6. Manuscript Identifying Number (if you know it)

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Dr. Gormsen 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)  
Uffe

2. Surname (Last Name)  
Koppelhus

3. Date  
02-November-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Hæmorrhagisk proktokolitis som primær manifestation af lymphogranuloma venereum (LGV) hos en HIV-smittet homoseksuel mand

6. Manuscript Identifying Number (if you know it)

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Dr. Koppelhus has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Jon

2. Surname (Last Name)

Diernæs

3. Date

23-October-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Uffe Koppelhus

5. Manuscript Title

Proktokolitis som primær manifestation af lymphogranuloma venereum (LGV)

6. Manuscript Identifying Number (if you know it)

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Dr. Diernæs 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) Jørgen Skov	2. Surname (Last Name) Jensen	3. Date 13-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Uffe Koppelhus
5. Manuscript Title Hæmorrhagisk proktokolitis som primær manifestation af LGV hos en HIV-smittet homoseksuel mand		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Skov Jensen has nothing to disclose.

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