

## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)  
Nanja

2. Surname (Last Name)  
Gotland

3. Date  
15-August-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Behandling af ar med injiceret fedt

6. Manuscript Identifying Number (if you know it)

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Dr. Gotland has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Filip	2. Surname (Last Name) Rangatchew	3. Date 15-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name nanja gotland
5. Manuscript Title Behandling af ar med injiceret fedt		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Hoda	2. Surname (Last Name) khorasani	3. Date 15-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name nanja gotland
5. Manuscript Title Behandling af ar med injiceret fedt		
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### Section 1. Identifying Information

1. Given Name (First Name)  
stig-frederik

2. Surname (Last Name)  
Kølle

3. Date  
15-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
nanja gotland

5. Manuscript Title  
Behandling af ar med injiceret fedt

6. Manuscript Identifying Number (if you know it)

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Dr. Kølle has nothing to disclose.

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Rikke

2. Surname (Last Name)

Holmgaard

3. Date

15-August-2017

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Yes  No

Corresponding Author's Name

nanja gotland

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

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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) christian	2. Surname (Last Name) Bonde	3. Date 15-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name nanja gotland
5. Manuscript Title Behandling af ar med injiceret fedt		
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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Bonde has nothing to disclose.

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