

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



| Continue 1 | | | | |
|--|---------------------------|-----------------------------------|------------------------------------|--|
| Section 1. | Identifying Inform | nation | | |
| 1. Given Name (F Louise Kollande | , | 2. Surname (Last Name Jakobsen | e) | 3. Date 30-June-2017 |
| 4. Are you the co | rresponding author? | ✓ Yes No | | |
| 5. Manuscript Titl Traumatisk, pen | | på 6 mdr gammel drer | ng ikke fundet ved CT-scanning | g af cerebrum. |
| 6. Manuscript Ide UFL-05-17-0367 | ntifying Number (if you k | now it) | | |
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| Section 2. | The Work Under C | onsideration for Pu | blication | |
| any aspect of the statistical analysis | submitted work (includin | g but not limited to grant | s, data monitoring board, study de | ommercial, private foundation, etc.) for esign, manuscript preparation, |
| Section 3. | Relevant financia | activities outside th | ne submitted work. | |

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| Are there any relevant conflicts of interest? | | Yes | \checkmark | No |
|---|--|-----|--------------|----|
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | 🖌 No | |
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Dr. Jakobsen has nothing to disclose.

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|--|-------------------------------------|----------------------------|---------------------|--------------------|--|
| Section 1. | Identifying Inforn | nation | | | |
| 1. Given Name (Fi Jacob | irst Name) | 2. Surname (Last Madsen | Name) | | 3. Date 30-June-2017 |
| 4. Are you the cor | rresponding author? | ✓ Yes N | 0 | | |
| 5. Manuscript Titl Traumatisk, pen | e etrerende hjerneskade | på 6 mdr gammel | dreng ikke funde | et ved CT-scanning | g af cerebrum |
| 6. Manuscript Ide UFL-05-17-0367 | ntifying Number (if you ki | now it) | | | |
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| Section 2. | The Work Under C | onsideration fo | r Publication | | |
| any aspect of the s statistical analysis, | submitted work (including etc.)? | g but not limited to g | grants, data monito | | ommercial, private foundation, etc.) for esign, manuscript preparation, |
| Are there any rel | levant conflicts of inter | est? Yes | ✓ No | | |
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| Section 3. | Relevant financial | activities outsid | le the submitt | ed work. | |

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|---|--|-----|--------------|----|
|---|--|-----|--------------|----|

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [| Yes | 🖌 No | |
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| Section 1. | Identifying Inform | nation | |
|---------------------------------------|---------------------------|---------------------------------------|--|
| 1. Given Name (Fi Maria Teresa | rst Name) | 2. Surname (Last Name) F. Simonsen | 3. Date 01-July-2017 |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Name Louise Kollander Jakobsen |
| 5. Manuscript Titl Traumatisk, pen | | e på 6 mdr gammel dreng | ikke fundet ved CT-scanning af cerebrum |
| 6. Manuscript Ide UFL-05-17-0367 | ntifying Number (if you k | xnow it) | |
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✓ No

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|--|-------------------------|-------------------------------------|---|---|--|
| Section 1. | Identifying Infor | mation | | | |
| 1. Given Name (Fi Søren | rst Name) | 2. Surname (Last Name) Kjærgaard | | 3. Date 03-July-2017 | |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Name Louise Kollander Jakobsen | | |
| 5. Manuscript Title Traumatisk, pene | | e på 6 mdr gammel dreng | ikke fundet ved CT-scanning a | af cerebrum | |
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Dr. Kjærgaard has nothing to disclose

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