

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

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Section 1. Identifying Information

1. Given Name (First Name) Mette	2. Surname (Last Name) Lindelof	3. Date 30-August-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Asger Toke Guld
5. Manuscript Title Chorea som følge af carbonmonoxidforgiftning		
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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Dr. Lindelof has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Asger Toke

2. Surname (Last Name)
Guld

3. Date
30-August-2017

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

5. Manuscript Title
Chorea som følge af carbonmonoxidforgiftning

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Casper	2. Surname (Last Name) Helligsø Thomsen	3. Date 30-August-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Asger Toke Guld
5. Manuscript Title Chorea som følge af carbonmonooxidforgiftning		
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1. Given Name (First Name)

Camilla

2. Surname (Last Name)

Klausen

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30-August-2017

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☒ No

Corresponding Author's Name

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