

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.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Alexander	2. Surname (Last Name) Lund-Petersen	3. Date 07-March-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Helle Laustrup
5. Manuscript Title PET-CT findings in patients with polyn	nyalgia rheumatica withou	it symptoms of cranial ischemia
6. Manuscript Identifying Number (if you l	know it)	
Section 2. The Work Under O	Consideration for Publ	ication
any aspect of the submitted work (includir statistical analysis, etc.)?	ng but not limited to grants, o	m a third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inte	rest? ∐Yes 🖌 No	

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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	\checkmark	No	
	1 2				



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Section 6. Disclosure Statement

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Dr. Lund-Petersen has nothing to disclose.

Evaluation and Feedback

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



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Anne	irst Name)	2. Surname (Last Name) Voss	3. Date 10-March-2017
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Helle Laustrup
5. Manuscript Titl PET-CT findings		nyalgia rheumatica withou	t symptoms of cranial ischemia
6. Manuscript Ide	ntifying Number (if you	know it)	
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✓ No

Yes

Are there any relevant conflicts of interest?		Yes	\checkmark	No
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5. Manuscript Title PET-CT findings in patient	s with polymyalgia rheumatica without sympto	oms of cranial ischemia						
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