

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lars Hageman

2. Surname (Last Name)

Pinborg

3. Date

02-September-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Epilepsikirurgi

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Pinborg 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) Bo	2. Surname (Last Name) Jespersen	3. Date 05-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Pinborg
5. Manuscript Title Epilepsikirurgi		
6. Manuscript Identifying Number (if you know it) UFL-09-17-0653		

Section 2. The Work Under Consideration for Publication

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Dr. Jespersen 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) Sandor	2. Surname (Last Name) Beniczky	3. Date 04-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Pinborg
5. Manuscript Title Epilepsikirurgi		
6. Manuscript Identifying Number (if you know it) UFL-09-17-0653		

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1. Given Name (First Name) Martin	2. Surname (Last Name) Fabricius	3. Date 05-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Pinborg
5. Manuscript Title Epilepsikirurgi		
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Ioannis

2. Surname (Last Name)

Tsiroupolos

3. Date

05-November-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lars Pinborg

5. Manuscript Title

Epilepsikirurgi

6. Manuscript Identifying Number (if you know it)

UFL-09-17-0653

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

 Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

 Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Tsiropoulos 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) Anne-Mette	2. Surname (Last Name) Leffers	3. Date 05-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Pinborg
5. Manuscript Title Epilepsikirurgi		
6. Manuscript Identifying Number (if you know it) UFL-09-17-0653		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Leffers 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)
Camille Gøbel

2. Surname (Last Name)
Madsen

3. Date
05-November-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Lars Pinborg

5. Manuscript Title
Epilepsikirurgi

6. Manuscript Identifying Number (if you know it)
UFL-09-17-0653

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Madsen 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) Mette Trane	2. Surname (Last Name) Foged	3. Date 05-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Pinborg
5. Manuscript Title Epilepsikirurgi		
6. Manuscript Identifying Number (if you know it) UFL-09-17-0653		

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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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kirsten

2. Surname (Last Name)

Vinter

3. Date

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lars H Pinborg

5. Manuscript Title

Epilepsikirurgi

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UFL-09-17-0653

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Dr. Vinter 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) Louise	2. Surname (Last Name) Stauning	3. Date 05-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Pinborg
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Dr. Stauning has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jannick	2. Surname (Last Name) Brennum	3. Date 05-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Pinborg
5. Manuscript Title Epilepsikirurgi		
6. Manuscript Identifying Number (if you know it) UFL-09-17-0653		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anne	2. Surname (Last Name) Sabers	3. Date 05-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Pinborg
5. Manuscript Title Epilepsikirurgi		
6. Manuscript Identifying Number (if you know it) UFL-09-17-0653		

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Are there any relevant conflicts of interest? Yes 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 No

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Section 1. Identifying Information

1. Given Name (First Name) Guido	2. Surname (Last Name) Rubboli	3. Date 04-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Pinborg
5. Manuscript Title Epilepsikirurgi		
6. Manuscript Identifying Number (if you know it) UFL-09-17-0653		

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Section 1. Identifying Information

1. Given Name (First Name)
Helle

2. Surname (Last Name)
Broholm

3. Date
05-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lars Pinborg

5. Manuscript Title
Epilepsikirurgi

6. Manuscript Identifying Number (if you know it)
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