

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mai

2. Surname (Last Name)

Arlie-Søborg Christiansen

3. Date

31-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Mogens Pfeiffer Jensen

5. Manuscript Title

Akromegali og Bevægeapparatssymptomer

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Arlien-Søborg Christiansen 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)

Jens Otto

2. Surname (Last Name)

Lunde Jørgensen

3. Date

31-May-2017

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Mogens Pfeiffer Jensen

5. Manuscript Title

Akromegali og Bevægeapparatssymptomer

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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Yes

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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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Dr. Lunde Jørgensen has nothing to disclose.

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1. Given Name (First Name)

Anne Mohr

2. Surname (Last Name)

Drewes

3. Date

15-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Mogens Pfeiffer Jensen

5. Manuscript Title

Akromegali og Bevægeapparatssymptomer

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Mogens

2. Surname (Last Name)
Pfeiffer Jensen

3. Date
31-May-2017

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

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Akromegali og Bevægeapparatssymptomer

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