

ICMJJE 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)
Nicolaj Jersild

2. Surname (Last Name)
Holm

3. Date
24-March-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Follow-up study of Danish veterans who sustained a spinal cord injury during international missions

6. Manuscript Identifying Number (if you know it)
GLO-2012-10

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The Ministry of Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	salary

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

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Section 6. Disclosure Statement

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Dr. Holm reports personal fees from Ministry of Defence, during the conduct of the study; .

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) Bodil Bjørnshave	2. Surname (Last Name) Noe	3. Date 24-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicolaj Jersild Holm
5. Manuscript Title Follow-up study of Danish veterans who sustained a spinal cord injury during international missions		
6. Manuscript Identifying Number (if you know it) GLO-2012-10		

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. Noe has nothing to disclose.

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1. Given Name (First Name) Dorte	2. Surname (Last Name) Hoffmann	3. Date 24-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicolaj Jersild Holm
5. Manuscript Title Follow-up study of Danish veterans who sustained a spinal cord injury during international missions		
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1. Given Name (First Name) Fin	2. Surname (Last Name) Biering-Sørensen	3. Date 24-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicolaj Jersild Holm
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