

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lars

2. Surname (Last Name)

Kjaersgaard-Hansen

3. Date

18-August-2014

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Tinett Martesen Overgård

5. Manuscript Title

Intrathecal Baclofen Therapy: Efficacy and Adverse Events of Treatment in 46 Southern Danish Children with Severe Spasticity and Dystonia

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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Dr. Kjaersgaard-Hansen has nothing to disclose.

### Evaluation and Feedback

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Morten	2. Surname (Last Name) Søe	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tinett Martesen Overgaard
5. Manuscript Title Intrathecal Baclofen Therapy: Efficacy and Adverse Events of Treatment in 46 Southern Danish Children with Severe Spasticity and Dystonia		
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Dr. Søe has nothing to disclose.

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1. Given Name (First Name) Niels Ove	2. Surname (Last Name) Illum	3. Date 18-August-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tinett Martesen Overgaard
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1. Given Name (First Name)  
Tinett Martesen

2. Surname (Last Name)  
Overgård

3. Date  
18-August-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
INTRATHECAL BACLOFEN THERAPY: EFFICACY AND ADVERSE EVENTS OF TREATMENT IN 46 SOUTHERN DANISH CHILDREN WITH SEVERE SPASTICITY AND DYSTONIA

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