

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jacob

2. Surname (Last Name)
Rosenberg

3. Date
14-July-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Dispersed publication of editorial research

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Rosenberg has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Hans-Christian

2. Surname (Last Name)

Pommergaard

3. Date

14-July-2014

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Jacob Rosenberg

5. Manuscript Title

Dispersed publication of editorial research

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1. Given Name (First Name) Siri	2. Surname (Last Name) Vinther	3. Date 14-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jacob Rosenberg
5. Manuscript Title Dispersed publication of editorial research		
6. Manuscript Identifying Number (if you know it)		

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Jakob

2. Surname (Last Name)
Burcharth

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Corresponding Author's Name
Jacob Rosenberg

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