

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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2. The work under consideration for publication.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sara

2. Surname (Last Name)

Vinther Fredslund

3. Date

26-September-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Head and Neck Cancer Rehabilitation fail to follow Legislation and Official Recommendations

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Vinther Fredslund has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Nina
2. Surname (Last Name)
Høgdal
3. Date
26-September-2014
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Sara Vinther Fredslund
5. Manuscript Title
Head and Neck Cancer Rehabilitation fail to follow Legislation and Official Recommendations
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Høgdal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Malene	2. Surname (Last Name) Bæk Christensen	3. Date 26-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sara Vinther Fredslund
5. Manuscript Title Head and Neck Cancer Rehabilitation fail to follow Legislation and Official Recommendations		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)

Irene

2. Surname (Last Name)

Wessel

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26-September-2014

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 Yes No

Corresponding Author's Name

Sara Vinther Fredslund

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