

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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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Kondziella

3. Date
15-December-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Surgical therapy must be definitive and on time, yet it rarely achieved

6. Manuscript Identifying Number (if you know it)
UFL-12-14-0670

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.)?

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No relevant disclosures for Dr Kondziella

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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) Mette	2. Surname (Last Name) Lindelof	3. Date 14-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel Kondziella
5. Manuscript Title Surgical therapy in superficial CNS siderosis must be definitive and on time, yet is rarely achieved		
6. Manuscript Identifying Number (if you know it) UFL-12-14-0670		

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Lindelof has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Vibeke andrée	2. Surname (Last Name) Larsen	3. Date 15-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel Kondziella
5. Manuscript Title Superficiel CNS siderosis		
6. Manuscript Identifying Number (if you know it) UFL-12-14-0670		

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Anders

2. Surname (Last Name)

Kruse

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Daniel Kondziella

5. Manuscript Title

Surgical therapy in superficial CNS siderosis must be definitive and on time, yet is rarely achieved

6. Manuscript Identifying Number (if you know it)

UFL-12-14-0670

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1. Given Name (First Name) Donika	2. Surname (Last Name) Haziri	3. Date 15-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel Kondziella
5. Manuscript Title Surgical therapy in superficial CNS siderososis must be definitive and on time, yet is rarely achieved		
6. Manuscript Identifying Number (if you know it) 12-14-0670		

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