

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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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)

Ida Sofie Kristina

2. Surname (Last Name)

Gardell

3. Date

07-February-2015

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Bone-anchore hearing aid: a retrospective study

6. Manuscript Identifying Number (if you know it)

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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Section 6. Disclosure Statement

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Dr. Gardell has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Kathrine

2. Surname (Last Name)

Andresen

3. Date

07-February-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Ida Sofie Gardell

5. Manuscript Title

Bone-anchore hearing aid: a retrospective study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) Christian Emil	2. Surname (Last Name) Faber	3. Date 07-February-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ida Sofie Gardell
5. Manuscript Title Bone-anchore hearing aid: a retrospective study		
6. Manuscript Identifying Number (if you know it) 		

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Jens

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Højberg Wanscher

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07-February-2015

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☐ Yes

☒ No

Corresponding Author's Name

Ida Sofie Gardell

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