

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Erik	2. Surname (Last Name) Kjærbøl	3. Date 29-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicoline Thorup
5. Manuscript Title Auditory Profiling and Hearing-Aid Satisfaction in Hearing-Aid Candidates		
6. Manuscript Identifying Number (if you know it)		

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Dr. Kjærbøl has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Morten	2. Surname (Last Name) Friis	3. Date 01-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicoline Thorup
5. Manuscript Title Auditory Profiling and Hearing-Aid Satisfaction in Hearing-Aid Candidates		
6. Manuscript Identifying Number (if you know it)		

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Dr. Friis has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Nicoline

2. Surname (Last Name)

Thorup

3. Date

29-February-2016

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Auditory Profiling and Hearing-Aid Satisfaction in Hearing-Aid Candidates

6. Manuscript Identifying Number (if you know it)

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Dr. Thorup has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Sébastien

2. Surname (Last Name)  
Santurette

3. Date  
04-March-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Nicoline Thorup

5. Manuscript Title  
Auditory Profiling and Hearing-Aid Satisfaction in Hearing-Aid Candidates

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

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**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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) Torsten	2. Surname (Last Name) Dau	3. Date 04-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicoline Thorup
5. Manuscript Title Auditory Profiling and Hearing-Aid Satisfaction in Hearing-Aid Candidates		
6. Manuscript Identifying Number (if you know it)		

### 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.)?

Are there any relevant conflicts of interest?  Yes  No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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

Dr. Dau has nothing to disclose.

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