

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Mai

2. Surname (Last Name)

Christiansen Arlien-Søborg

3. Date

01-September-2017

4. Are you the corresponding author?

☒

Yes

☐

No

5. Manuscript Title

Akromegali - en kendt, men overset sygdom

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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Are there any relevant conflicts of interest?

☐

Yes

☒

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐

Yes

☒

No

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Section 6. Disclosure Statement

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Dr. Christiansen Arlien-Søborg has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Anne	2. Surname (Last Name) Mohr Drewes	3. Date 01-September-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mai Christiansen Arlien-Søborg
5. Manuscript Title Akromegali - en kendt, men overset sygdom		
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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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Mohr Drewes has nothing to disclose.

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1. Given Name (First Name) Mogens	2. Surname (Last Name) Pfeiffer Jensen	3. Date 01-September-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mai Christiansen Arlien-Søborg
5. Manuscript Title Akromegali - en kendt, men overset sygdom		
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Dr. Pfeiffer Jensen has nothing to disclose.

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1. Given Name (First Name) Jens Otto	2. Surname (Last Name) Lunde Jørgensen	3. Date 01-September-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mai Christiansen Arlien-Søborg
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ipsen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Lunde Jørgensen reports grants and personal fees from Novartis, grants and personal fees from Ipsen, grants and personal fees from Pfizer, outside the submitted work; .

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