

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Niels

2. Surname (Last Name)  
Sunde

3. Date  
12-May-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Ronni Mikkelsen

5. Manuscript Title  
Screening for intrakranielle aneurismer

6. Manuscript Identifying Number (if you know it)

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Dr. Sunde 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) Sanja	2. Surname (Last Name) Karabegovic	3. Date 12-May-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ronni Mikkelsen
5. Manuscript Title Screening for intrakranielle aneurismer		
6. Manuscript Identifying Number (if you know it)  		

### Section 2. The Work Under Consideration for Publication

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Dr. Karabegovic has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Svetlana

2. Surname (Last Name)

Rudnicka

3. Date

12-May-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Ronni Mikkelsen

5. Manuscript Title

Screening for intrakranielle aneurismer

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Dr. Rudnicka has nothing to disclose.

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1. Given Name (First Name)

Tom

2. Surname (Last Name)

Sehested

3. Date

12-May-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ronni Mikkelsen

5. Manuscript Title

Screening for intrakranielle aneurismer

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Dr. Sehested has nothing to disclose.

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John

2. Surname (Last Name)  
Hauerberg

3. Date

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☐ Yes

☒ No

Corresponding Author's Name

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Dr. Hauerberg 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)  
Peter

2. Surname (Last Name)  
Birkeland

3. Date  
17-April-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Ronni Mikkelsen

5. Manuscript Title  
Screening for intrakranielle aneurismer

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Birkeland has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Anabel

2. Surname (Last Name)

Diaz

3. Date

16-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Ronni Mikkelsen

5. Manuscript Title

Screening for intrakranielle aneurismer

6. Manuscript Identifying Number (if you know it)

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. A. Diaz has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Helga Angela

2. Surname (Last Name)

Gulisano

3. Date

16-April-2018

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

5. Manuscript Title

Screening for intrakranielle aneurismer

6. Manuscript Identifying Number (if you know it)

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

☐

Yes

☒

No

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Dr. Gulisano 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)  
Per

2. Surname (Last Name)  
Rochat

3. Date  
14-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Ronni Mikkelsen

5. Manuscript Title  
Screening for intrakranielle aneurismer

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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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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Dr. Rochat has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ronni

2. Surname (Last Name)

Mikkelsen

3. Date

16-January-1986

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Screening for intrakranielle aneurismer

6. Manuscript Identifying Number (if you know it)

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Dr. Mikkelsen 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)  
Troels

2. Surname (Last Name)  
Nielsen

3. Date  
14-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Ronnie Mikkelsen

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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.

### 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. Nielsen has nothing to disclose.

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