

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.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

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

Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Bjarne	irst Name)	2. Surname (Last Name) Sigurd	3. Date
4. Are you the co	responding author?	✓ Yes No	
5. Manuscript Titl Personlig medic		digmeskifte i evidens kausalitets- begrebet	
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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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes	
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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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 5. Relationships not covered above

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Dr. Sigurd has nothing to disclose.

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Section 1.			
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1. Given Name (Fi Jørgen Ingolf	rst Name)	2. Surname (Last Name) Nielsen	3. Date
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Bjarne Sigurd
5. Manuscript Title Personlig medic		digmeskifte i evidens kaus	alitets- begrebet
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🖌 No

Yes

Are there any relevant conflicts of interest?	Yes	\checkmark	No
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1. Given Name (First Name) Bjarne	2. Surname (L Ørskov	ast Name) 3. Date
4. Are you the correspondir	ng author? Yes 🗸	No Corresponding Author's Name Bjarne Sigurd
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