

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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4. Intellectual Property.

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

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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)

Azhar

2. Surname (Last Name)

Ahmad

3. Date

17-October-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ole Weiss Bjerrum

5. Manuscript Title

Hydrochloric Acid instillation prolongs lifetime of the Central Venous Catheter in adult hematologic patients with bacteraemia.

6. Manuscript Identifying Number (if you know it)

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Dr. Ahmad has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Anders

2. Surname (Last Name)

Dahl

3. Date

04-October-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ole W Bjerrum

5. Manuscript Title

Hydrochloric Acid instillation prolongs lifetime of the Central Venous Catheterin adult hematologic patients with bacteraemia

6. Manuscript Identifying Number (if you know it)

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Dr. Dahl has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Claus

2. Surname (Last Name)
Moser

3. Date
05-October-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ole Weis Bjerrum

5. Manuscript Title
Hydrochloric acid installation prolongs lifetime of the central venous catheter in adult hematologic patients with bacteraemia.

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Lars
2. Surname (Last Name) Kjeldsen
3. Date 01-October-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Hydrochloric Acid instillation prolongs lifetime of the Central Venous Catheter in adult hematologic patients with bacteraemia.

6. Manuscript Identifying Number (if you know it)

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Dr. Kjeldsen has nothing to disclose.

Evaluation and Feedback

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Authorship Declaration • Danish Medical Journal

The present Authorship Declaration comprises mandatory author information. It is therefore important that you fill in all form fields before printing and signing it.

Manuscript title: Hydrochloric Acid instillation prolongs lifetime of the Central Venous Catheter in adult haematologic patients with bacteraemia.

Article no. – (if known): Not known

Manuscript type Original article

I hereby declare and guarantee

- that the work presented in the present manuscript has not been published elsewhere, neither in part nor in whole, and that it is not currently being assessed by the editorial staff of any other journal,
- that the work is free of any copyright issues and that the necessary rights to publish illustrations, figures and photos have been cleared, and that any persons appearing on any photos have agreed that the photos may be published
- that all necessary permissions and authorisations to use patient information, laboratory data, image diagnostic material, medical test results, etc. have been obtained,
- that the manuscript, in so far as it emanates from an organisation or department, has been cleared for submission in its present form by the head or other relevant person or persons of the organisation or department,
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- that the work presented in this manuscript will not be published anywhere else, including the news media, before being published in the Danish Medical Journal, www.danmedj.dk or rejected, except by prior agreement with the Editorial Committee,
- that all authors meet all four authorship criteria as provided by the Vancouver rules: 1) Substantial contributions to: the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work. 2) Drafting the work or revising it critically for important intellectual content. 3) Final approval of the version to be published. 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
- that the appendix »ICMJE Form for Disclosure of Potential Conflicts of Interest« has been filled in and submitted along with this »Authorship Declaration«.

Corresponding author:

Name: Ole Weis Bjerrum

Address: Hæmatologisk klinik, Rigshospitalet afsnit 4222, Blegdamsvej 9, 2100 Kbh Ø, DK.

Daytime phone number: 20231908

E-mail: ole.weis.bjerrum @ regionh.dk

Authorship presupposes that you meet all four Vancouver authorship criteria mentioned above. This includes anyone who is listed as authors of multicenter studies. Anyone who has contributed to the work but who are not co-authors should be mentioned under Acknowledgments and their contribution should be described in detail. Acknowledgments may be stated on page 2 of the present document.

Authors of the manuscript (Please fill in all fields for every author)

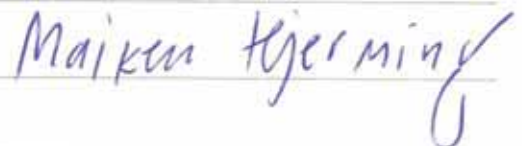
Name

Institution / Department

Signature

Maiken Hjerming

Department of Haematology





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Section 1. Identifying Information

1. Given Name (First Name)
Maiken

2. Surname (Last Name)
Hjerming

3. Date
08-October-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Hydrochloric Acid instillation prolongs lifetime of the Central Venous Catheter in adult haematologic patients with bacteraemia.

6. Manuscript Identifying Number (if you know it)

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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)
Ole Weis

2. Surname (Last Name)
Bjerrum

3. Date
17-October-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hydrochloric Acid instillation prolongs lifetime of the Central Venous Catheter in adult hematologic patients with bacteraemia.

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

Section 3. Relevant financial activities outside the submitted work.

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**.

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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- 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. Bjerrum has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) volker	2. Surname (Last Name) classen	3. Date 05-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Hydrochloric Acid instillation prolongs lifetime of the Central Venous Catheter in adult hematologic patients with bacteraemia		
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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Dr Classen has nothing to disclose

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