

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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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)
Simon

2. Surname (Last Name)
Graff

3. Date
15-August-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Udredning af Dysfagi

6. Manuscript Identifying Number (if you know it)
UFL-02-18-0132

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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Section 6. Disclosure Statement

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Dr. Graff 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) Nikolaj Worm	2. Surname (Last Name) Ørntoft	3. Date 16-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon Graff
5. Manuscript Title Udredning af Dysfagi		
6. Manuscript Identifying Number (if you know it) UFL-02-18-0132		

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)
Nichlas

2. Surname (Last Name)
Udholm

3. Date
15-August-2018

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Udredning af Dysfagi

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1. Given Name (First Name)

Thomas Møller

2. Surname (Last Name)

Jensen

3. Date

16-August-2018

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Yes No

Corresponding Author's Name

Simon Graff

5. Manuscript Title

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