

ICMJJE 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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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.

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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)
Stian Iversen

2. Surname (Last Name)
Solumsmoen

3. Date
12-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Penetrerende hovedtraume med hjernelæsion

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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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. Solumsmoen 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)

Alexander

2. Surname (Last Name)

Lilja-Cyron

3. Date

14-March-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Stian Solumsmoen

5. Manuscript Title

Penetrerende hovedtraume med hjernelæsion

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Lilja-Cyron has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kåre	2. Surname (Last Name) Fugleholm Buch	3. Date 14-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stian Solumsmoen
5. Manuscript Title Penetrerende hovedtraume med hjernelæsion		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)

Jesper

2. Surname (Last Name)

Kelsen

3. Date

14-March-2018

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 Yes No

Corresponding Author's Name

Stian Solumsmoen

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