



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Louise Schouborg
2. Surname (Last Name)  
Brinth
3. Date  
07-October-2018
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Louise Schouborg Brinth
5. Manuscript Title  
Myalgisk encephalomyelitis/kronisk træthedssyndrom
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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### Section 5. Relationships not covered above

Are there 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?

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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. Brinth 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)  
Henrik

2. Surname (Last Name)  
Nielsen

3. Date  
11-July-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Louise Schouborg Brinth

5. Manuscript Title  
Myalgisk encephalomyelitis/kronisk træthedssyndrom

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Dr. Nielsen 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)  
Kim

2. Surname (Last Name)  
Varming

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Louise Schouborg Brinth

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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Dr. Varming 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)  
Susanne E.

2. Surname (Last Name)  
Boonen

3. Date  
13-July-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Louise Schouborg Brinth

5. Manuscript Title  
Myalgisk encephalomyelitis/kronisk træthedssyndrom

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Dr. Boonen 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)  
Ana Carlota

2. Surname (Last Name)  
Gonzalez Ebsen

3. Date  
11-July-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Louise Schouborg Brinth

5. Manuscript Title  
Myalgisk encephalomyelitis/kronisk træthedssyndrom

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Dr. Gonzalez Ebsen 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)  
Paula

2. Surname (Last Name)  
Fernández-Guerra

3. Date  
11-July-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Louise Schouborg Brinth

5. Manuscript Title  
Myalgisk encephalomyelitis/kronisk træthedssyndrom

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Dr. Fernández-Guerra 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)  
Anne Sophie

2. Surname (Last Name)  
Schou

3. Date  
10-July-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Louise Schouborg Brinth

5. Manuscript Title  
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Dr. Schou 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)  
Jesper
2. Surname (Last Name)  
Mehlsen
3. Date  
07-October-2018
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Louise Schouborg Brinth
5. Manuscript Title  
Myalgisk encephalomyelitis/kronisk træthedssyndrom
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Dr. Mehlsen 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)  
Niels

2. Surname (Last Name)  
Gregersen

3. Date  
21-July-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Louise Schouborg Brinth

5. Manuscript Title  
Myalgisk encephalomyelitis/kronisk træthedssyndrom

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Niels Gregersen has nothing to disclose

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Ivan

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Brandslund

3. Date

10-July-2018

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 Yes No

Corresponding Author's Name

Louise Schouborg Brinth

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Dr. Brandslund has nothing to disclose.

*W Brandslund July 10, 2018*

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Rikke Katrine Jentoft

2. Surname (Last Name)  
Olsen

3. Date  
21-July-2018

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Louise Schouborg Brinth

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