

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Ditte Marie Lindhardt 2. Surname (Last Name) Saunte 3. Date 13-January-2018

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

5. Manuscript Title
Cephalic pustolosis med sekundær S. aureus infection

6. Manuscript Identifying Number (if you know it)
70442

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

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	advisory board
Janssen Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	advisory board
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	advisory board
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker
Leopharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker

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Dr. Saunte reports personal fees from Abbvie, personal fees from Janssen Pharma, personal fees from Sanofi, personal fees from Abbvie , personal fees from Leopharma, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Emma	2. Surname (Last Name) Lovisa Adolfsson	3. Date 29-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tobias Steen Sejersen
5. Manuscript Title Cephalic pustolosis med sekundær S. aureus infection		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Lovisa Adolfsson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Morten

2. Surname (Last Name)
Schjørring Opstrup

3. Date
29-January-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title
Cephalic pustulosis med sekundær S. aureus infection

6. Manuscript Identifying Number (if you know it)
70442

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Dr. Schjørring Opstrup has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sven	2. Surname (Last Name) Pörksen	3. Date 21-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tobias Steen Sejersen
5. Manuscript Title Cephalic pustolosis med sekundær S. aureus infection		
6. Manuscript Identifying Number (if you know it)		

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Dr. Pörksen has nothing to disclose.

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Tobias

2. Surname (Last Name)
Steen Sejersen

3. Date
13-January-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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