



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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3. Relevant financial activities outside the submitted work.

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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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INTERNATIONAL COMMITTEE of
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Section 1. Identifying Information

1. Given Name (First Name)

PETER

2. Surname (Last Name)

ARLIEN SOBORG

3. Date

20/12-18

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Funktionel gang forstjorelse kan behandles med succes

6. Manuscript Identifying Number (if you know it)

UPI 11-18-01814

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

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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1. Given Name (First Name)

Bent

2. Surname (Last Name)

Rosenbaum

3. Date

6-12-2018

4. Are you the corresponding author?

Yes

No

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1. Given Name (First Name) LIS 2. Surname (Last Name) ALBRECHTSEN 3. Date 06.12.18

4. Are you the corresponding author? Yes No

5. Manuscript Title
Funktional gangforstyrrelse kan behandles med succes

6. Manuscript Identifying Number (if you know it)

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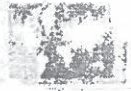
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06.12.18 his Albrechtson

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Førgeju

2. Surname (Last Name)

Borup Hansen

3. Date

6/12-18

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1. Given Name (First Name)

Hans-Henrik

2. Surname (Last Name)

Holmberg Olsen

3. Date

6/12-2018

4. Are you the corresponding author?

 Yes No

5. Manuscript Title

Funktionel gangforsydelse kan behandles med succes

6. Manuscript Identifying Number (if you know it)

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