

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sarah Stammose

2. Surname (Last Name)
Freund

3. Date
23-January-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Purtschers retinopati som komplikation til cementering af tumorprotese

6. Manuscript Identifying Number (if you know it)
UFL-11-18-0774

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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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Freund has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Rikke
2. Surname (Last Name)
Stoltz
3. Date
23-January-2019
4. Are you the corresponding author? ☐ Yes ☒ No
Corresponding Author's Name
Sarah Stammose Freund
5. Manuscript Title
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Dr. Stoltz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Toke	2. Surname (Last Name) Bek	3. Date 08-February-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sarah Stammose Freund
5. Manuscript Title Purtschers retinopati som komplikation til cementering af tumorprotese.		
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Dr. Bek has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Johnny

2. Surname (Last Name)

Keller

3. Date

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Sarah Stammose Freund

5. Manuscript Title

Purtschers retinopati som komplikation til cementering af tumorprotese

6. Manuscript Identifying Number (if you know it)

UFL-02-19-0096

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.)?

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Dr. Keller has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Baad-Hansen	3. Date
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Corresponding Author's Name Sarah Stammen Freund
5. Manuscript Title Purtschers retinopati som komplikation til cementering af tumorprotese		
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