

Section 1. Identifying Inform	nation			
Given Name (First Name) Sarah Stammose	2. Surname (Las Freund	Name)		Date -January-2019
4. Are you the corresponding author?	✓ Yes	No		
5. Manuscript Title Purtschers retinopati som komplikation	til cementering	of tumorprotese		
6. Manuscript Identifying Number (if you kr UFL-11-18-0774	now it)			
Section 2. The Work Under Co	onsideration fo	or Publication		
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to			
Section 3.				
Relevant financial	activities outsi	de the submitted	work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	bed in the instru- port relationships	ctions. Use one line fo	or each entity; add a	as many lines as you need by
Section 4. Intellectual Proper	ty Patents &	Copyrights		
intellectual Floper	ty – ratents &	Сорунднь	证明的经验是是是特	1. 보호보기 기가 있다.
Do you have any patents, whether plans	ned, pending or i	ssued, broadly releva	nt to the work?	Yes 🗸 No



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Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Freund has n	othing to disclose.

Evaluation and Feedback



Section 1. Identifying Inform	nation	
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 Purtschers retinopati som komplikatio	n til cementering af tumor	protese.
6. Manuscript Identifying Number (if you k UFL-11-18-0774	know it)	
Section 2. The Work Under C	Consideration for Publi	cation
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Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No



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✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
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Dr. Stoltz has no	othing to disclose.

Evaluation and Feedback



Section 1. Identifying Inform	mation	
Given Name (First Name) Toke	2. Surname (Last Name) Bek	3. Date 08-February-2019
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Sarah Stammose Freund
5. Manuscript Title Purtschers retinopati som komplikatio	n til cementering af tumorp	protese.
6. Manuscript Identifying Number (if you k UFL-11-18-0774	now it)	
Section 2. The Work Under C	Consideration for Public	cation
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Dr. Bek has noth	ing to disclose.

Evaluation and Feedback



Section 1. Identifying Inform	mation	
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 komplikatio	n til cementering af tumor	protese
6. Manuscript Identifying Number (if you k UFL-02-19-0096	know it)	
Section 2. The Work Under C	Consideration for Publi	cation
Did you or your institution at any time recany aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of the state	ng but not limited to grants, da	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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intellectual Prope	erty Patents & Copyri	gints
Do you have any patents, whether plan	nned, pending or issued, b	roadly relevant to the work? Yes V No



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. Keller has nothing to disclose.

Evaluation and Feedback



Section 1. Identifying Inform	nation		
Given Name (First Name) Thomas	2. Surname (Last Name) Baad-Hansen	3. Date	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Sarah Stammose Freund	
5. Manuscript Title Purtschers retinopati som komplikatio	n til cementering af tumor	protese	
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Evaluation and Feedback