

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Frantz Rom
2. Surname (Last Name) Poulsen
3. Date 19-September-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Magnetisk Ressonans vejledt Fokuseret Ultralyd (MRgFUS) - behandling af essentiel tremor

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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.

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. Poulsen 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)

Morten

2. Surname (Last Name)

Blaabjerg

3. Date

19-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Frantz Rom Poulsen

5. Manuscript Title

Magnetisk Ressonans vejledt Fokuseret Ultralyd (Magnetic Resonance guided Focused Ultrasound, MRgFUS) - behandling af essentiel tremor

6. Manuscript Identifying Number (if you know it)

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Dr. Blaabjerg 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)
Christian Bonde
2. Surname (Last Name)
Pedersen
3. Date
23-September-2019
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Frantz Rom Poulsen
5. Manuscript Title
Magnetisk Resonance guided Fokuseret Ultralyd (MRgFU) - behandling af essentiel tremor
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Pedersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mikkel
2. Surname (Last Name) Schou Andersen
3. Date 22-September-2019
4. Are you the corresponding author? Yes No Corresponding Author's Name
Frantz Rom Poulsen
5. Manuscript Title
Magnetisk Ressonance guided Fokuseret Ultralyd (MRgFU) - behandling af essentiel tremor
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

ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ADD

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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Generate Disclosure Statement

Dr. Schou Andersen 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)
Mads
2. Surname (Last Name)
Hjordtal Grønhøj
3. Date
19-September-2019
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Frantz Rom Poulsen
5. Manuscript Title
Magnetisk Ressonans vejledt Fokuseret Ultralyd (MRgFUS) - behandling af essentiel tremor
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Dr. Hjortdal Grønhøj has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Willy
2. Surname (Last Name)
Krone
3. Date
24-September-2019
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Frantz Rom Poulsen
5. Manuscript Title
Magnetisk Ressonans vejledt Fokuseret Ultralyd (MRgFUS) - behandling af essentiel tremor
6. Manuscript Identifying Number (if you know it)

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Dr. Krone has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Matthias
2. Surname (Last Name)
Bode
3. Date
20-September-2019
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Frantz Rom Poulsen
5. Manuscript Title
Magnetisk Resonans vejledt Fokuseret Ultralyd (MRgFUS) - behandling af essentiel tremor
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Dr. Bode has nothing to disclose.

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