

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Annette Bach

2. Surname (Last Name)

Jønsson

3. Date

04-September-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Helge Kasch

5. Manuscript Title

CORE CHARACTERISTICS AND LONG-TERM NEUROLOGICAL OUTCOME IN SURGICALLY TREATED SPINAL CORD INJURY.

6. Manuscript Identifying Number (if you know it)

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Dr. Jønsson 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)  
Alexander

2. Surname (Last Name)  
Fjaeldstad

3. Date  
06-September-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Patients and experiences from the first Danish flavour clinic

6. Manuscript Identifying Number (if you know it)

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Dr. Fjaeldstad 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)  
Mathias Møller

2. Surname (Last Name)  
Thygesen

3. Date  
04-September-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Helge Kasch

5. Manuscript Title  
CORE CHARACTERISTICS AND LONG-TERM NEUROLOGICAL OUTCOME IN SURGICALLY TREATED SPINAL CORD INJURY.

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Dr. Thygesen has nothing to disclose.

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1. Given Name (First Name)  
Dovile

2. Surname (Last Name)  
Stankevica

3. Date  
06-September-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
A. Fjaeldstad

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Stankevice has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Teresa	2. Surname (Last Name) Haugaard Nielsen	3. Date 04-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Helge Kasch
5. Manuscript Title CORE CHARACTERISTICS AND LONG-TERM NEUROLOGICAL OUTCOME IN SURGICALLY TREATED SPINAL CORD INJURY.		
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Haugaard Nielsen has nothing to disclose.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)

Therese

2. Surname (Last Name)

Ovesen

3. Date

06-September-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

A. Fjaeldstad

5. Manuscript Title

Patients and experiences from the first Danish flavour clinic

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**.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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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):
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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. Ovesen has nothing to disclose.

### Evaluation and Feedback

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