

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Camilla Uhre

2. Surname (Last Name)
Jørgensen

3. Date
07-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Chronic Hypoparathyroidism Secondary to Total Thyroidectomy: Incidence, Risk Factors and Recovery

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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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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Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Morten	2. Surname (Last Name) Dahl	3. Date 12-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Camilla Uhre Jørgensen
5. Manuscript Title Chronic Hypoparathyroidism Secondary to Total Thyroidectomy: Incidence, Risk Factors and Recovery		
6. Manuscript Identifying Number (if you know it) ?		

Section 2. The Work Under Consideration for Publication

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Dr. Dahl has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mette

2. Surname (Last Name)
Friberg Hitz

3. Date
13-November-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Camilla Uhre Jorgensen

5. Manuscript Title
Chronic Hypoparathyroidism Secondary to Total Thyroidectomy: Incidence, Risk Factors and Recovery

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Orkla Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UCB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ellab Fond	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eli Lilly, Amgen, Pfizer, Novo nordic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presentations, advisory boards
Amgen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Friberg Hitz reports grants from Orkla Care, grants from UCB, grants from Ellab Fond, personal fees from Eli Lilly, Amgen, Pfizer, Novo nordic, grants from Amgen, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Preben	2. Surname (Last Name) Homøe	3. Date 11-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Camilla Uhre Jørgensen
5. Manuscript Title Chronic Hypoparathyroidism Secondary to Total Thyroidectomy: Incidence, Risk Factors and Recovery		
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