

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Torben Slott

2. Surname (Last Name)

Jensen

3. Date

24/10-2019

4. Are you the corresponding author?

 Yes No

5. Manuscript Title

Spontant Spinalt Epiduralblødning

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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 Yes No

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Korrespondanceansvarlig forfatter:

Navn: MATHIAS OLAF THORVALDSEN



Adresse: J. B. Winsløvs Vej 4, 5000 Odense

Telefon i dagtimerne: 25214704

E-mail: mathias.olaf.thorvaldsen@rsyd.dk

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Manuskriptets forfattere (alle felter for hver forfatter skal udfyldes)

Navn	Institution / afdeling	Underskrift
Mathias Olaf Thorvaldsen	Neurokirurgisk Afdeling, Odense Universitetshospital	
Sjöfn Þórisdóttir	Neurologisk Afdeling, Kolding Sygehus	
Henrik Boye Jensen	Neurologisk Afdeling, Kolding Sygehus	
Torben Slotth Jensen <i>slotth</i>	Neurokirurgisk Afdeling, Odense Universitetshospital	

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Section 1. Identifying Information

1. Given Name (First Name) Henrik Boye	2. Surname (Last Name) Jensen	3. Date 21-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mathias Thorvaldsen
5. Manuscript Title Spontant spinalt epiduralt hæmatom		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Sjöfn	2. Surname (Last Name) Pórisdóttir	3. Date 20-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mathias Thorvaldsen
5. Manuscript Title SPONTANT SPINALT EPIDURALT HEMATOM		
6. Manuscript Identifying Number (if you know it)		

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Dr. Þórisdóttir has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mathias Olaf

2. Surname (Last Name)
Thorvaldsen

3. Date
08-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Kasuistik angående en atypisk presentation for spontant epiduralt hæmatom

6. Manuscript Identifying Number (if you know it)
UFL-07-19-0394

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