

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.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Gorm

2. Surname (Last Name)
Thorlacius-Ussing

3. Date
07-October-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title
Diagnostik og Behandling af Normaltrykshydrocephalus

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. Thorlacius-Ussing 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) Anders Vedel	2. Surname (Last Name) Holst	3. Date 26-November-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Gorm Thorlacius-Ussing
5. Manuscript Title Diagnostik og behandling af normaltrykshydrocephalus		
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. Holst 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) Kristian Steen	2. Surname (Last Name) Frederiksen	3. Date 24-November-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Gorm Thorlacius-Ussing
5. Manuscript Title Diagnostik og behandling af normaltrykshydrocephalus		
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. Frederiksen 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) Marianne	2. Surname (Last Name) Juhler	3. Date 09-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Gorm Thorlacius-Ussing
5. Manuscript Title Diagnostik og behandling af normaltrykshydrocephalus		
6. Manuscript Identifying Number (if you know it) -		

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Dr. Juhler has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Steen Gregers	2. Surname (Last Name) Hasselbalch	3. Date 10-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Gorm Thorlacius-Ussing
5. Manuscript Title Diagnostik og behandling af normaltrykshydrocephalus		
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