

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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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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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)

Irena

2. Surname (Last Name)

Jankovic

3. Date

21-December-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bo Halle

5. Manuscript Title

Termoablation af Hjernetumorer

6. Manuscript Identifying Number (if you know it)

UFL-07-19-0403

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.)?

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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. Jankovic 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) Jiri	2. Surname (Last Name) Bartek	3. Date 16-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Halle
5. Manuscript Title "Termoablation af hjernetumor"er"		
6. Manuscript Identifying Number (if you know it)		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Margret

2. Surname (Last Name) Jensdottir

3. Date 16-December-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name Bo Halle

5. Manuscript Title Terumoablationer af hjernetumorer

6. Manuscript Identifying Number (if you know it) _____

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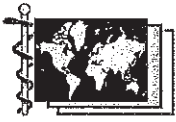
Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic - speakers agreement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Jensdottir reports personal fees from Medtronic - speakers agreement, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Frantz

2. Surname (Last Name)
Rom Poulsen

3. Date
21-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bo Halle

5. Manuscript Title
Termoablation af Hjerneturorer

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UFL-07-19-0403

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Dr. Rom Poulsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christian	2. Surname (Last Name) Bonde Pedersen	3. Date 21-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Halle
5. Manuscript Title Termoablation af Hjerneturor		
6. Manuscript Identifying Number (if you know it) UFL-07-19-0403		

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Dr. Bonde Pedersen 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)
Bjarne

2. Surname (Last Name)
Winther Kristensen

3. Date
21-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bo Halle

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Dr. Winther Kristensen has nothing to disclose.

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1. Given Name (First Name) Tine	2. Surname (Last Name) Schytte	3. Date 21-December-2019
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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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Dr. Schytte 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)

Thomas

2. Surname (Last Name)

Lund Andersen

3. Date

21-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Bo Halle

5. Manuscript Title

Termoablation af Hjerneturor

6. Manuscript Identifying Number (if you know it)

UFL-07-19-0403

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Mr. Lund 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) Ole	2. Surname (Last Name) Graumann	3. Date 21-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Halle
5. Manuscript Title Termoablation af Hjernetumorer		
6. Manuscript Identifying Number (if you know it) UFL-07-19-0403		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Bo

2. Surname (Last Name)

Halle

3. Date

21-December-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Termoablation af Hjernetumor

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UFL-07-19-0403

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Dr. Graumann has nothing to disclose.

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5. Manuscript Title Teramoablation af Hjernetumorer		
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Vet Louise Langhorn has nothing to disclose.

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Dr. Krone has nothing to disclose.

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