

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)
Rune
2. Surname (Last Name)
Sommer-Sørensen
3. Date
20-January-2020
4. Are you the corresponding author? Yes No
5. Manuscript Title
Primære centralnervesystem lymfomer
6. Manuscript Identifying Number (if you know it)
UFL-07-19-0400

Section 2. The Work Under Consideration for Publication

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Stud. Med. Sommer-Sørensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bo	2. Surname (Last Name) Halle	3. Date 21-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rune Hørlykke Sommer-Sørensen
5. Manuscript Title Primære centralnervesystem lymfomer		
6. Manuscript Identifying Number (if you know it) UFL-07-19-0400		

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Dr. Halle has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Frantz Rom

2. Surname (Last Name)
Poulsen

3. Date
20-January-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Rune Hørlykke Sommer-Sørensen

5. Manuscript Title
Primære centralnervesystem lymfomer

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Dr. Poulsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas Stauffer
2. Surname (Last Name)
Larsen
3. Date
23-January-2020
4. Are you the corresponding author? Yes No Corresponding Author's Name
Rune Sommer Sørensen
5. Manuscript Title
Primære Centralnervesystem Lymfomer
6. Manuscript Identifying Number (if you know it)

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Dr. Larsen has nothing to disclose.

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1. Given Name (First Name) KAREN 2. Surname (Last Name) JUL - JENSEN 3. Date 21-01-2020
4. Are you the corresponding author? Yes No
5. Manuscript Title PRIMÆRE CENTRALNERVESYSTEM LYMFOMER
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Section 1. Identifying Information

1. Given Name (First Name) Michael Boe	2. Surname (Last Name) Møller	3. Date 27-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rune Hørlykke Sommer-Sørensen
5. Manuscript Title Primære CNS lymfomer		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

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Christian

2. Surname (Last Name)

Bonde Pedersen

3. Date

27-January-2020

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Yes

No

Corresponding Author's Name

5. Manuscript Title

Primære centralnervesystem lymfomer

6. Manuscript Identifying Number (if you know it)

UFL-07-19-0400

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1. Given Name (First Name) mette	2. Surname (Last Name) schulz	3. Date 27-January-2020
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