

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.

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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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jakob

2. Surname (Last Name)
Grauslund

3. Date
24-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hæmning af okulær karvækst: patofysiologisk forståelse og terapeutiske muligheder

6. Manuscript Identifying Number (if you know it)
N/A

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allergan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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- No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Grauslund reports personal fees from Bayer, personal fees from Novartis, personal fees from Allergan, outside the submitted work; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Yousif

2. Surname (Last Name)
Subhi

3. Date
25-February-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jakob Grauslund

5. Manuscript Title
Hæmning af okulær karvækst: patofysiologisk forståelse og terapeutiske muligheder.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Immunological biomarkers of PCV (VEGF disease of the retina/choroid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Region Zealand	Region Zealand possess 100 % of ownership and I am not obliged to any royalties



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Dr. Subhi reports In addition, Dr. Subhi has a patent Immunological biomarkers of PCV (VEGF disease of the retina/choroid) issued to Region Zealand.

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Section 1. Identifying Information

1. Given Name (First Name)

Lasse Jørgensen

2. Surname (Last Name)

Cehofski

3. Date

17-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jakob Grauslund

5. Manuscript Title

Hæmning af okulær karvækst: patofysiologisk forståelse og terapeutiske muligheder

6. Manuscript Identifying Number (if you know it)

2277696

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Dr. Cehofski has nothing to disclose.

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1. Given Name (First Name)

Anders

2. Surname (Last Name)

Vestergaard

3. Date

25-February-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jakob Grauslund

5. Manuscript Title

Hæmning af okulær karvækst: patofysiologisk forståelse og terapeutiske muligheder

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Torben Lykke

2. Surname (Last Name)

Sørensen

3. Date

24-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Grauslund

5. Manuscript Title

Hæmning af okulær karvækst: patofysiologisk forståelse og terapeutiske muligheder.

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