

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

#### 5. Relationships not covered above.

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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) Abjørn Mohr      2. Surname (Last Name) Drewes      3. Date 07-August-2019

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Torsten W Licht

5. Manuscript Title  
Opioider til kroniske non-maligne smerter: Behov for nuancering og individuel patientbehandling

6. Manuscript Identifying Number (if you know it)  
UFL-06-19-0339

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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.)?

Are there any relevant conflicts of interest?     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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Grünenthal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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1. Given Name (First Name)  
Claus

2. Surname (Last Name)  
Bredahl

3. Date  
13-July-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Torsten Licht

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### Section 1. Identifying Information

1. Given Name (First Name)  
Lars

2. Surname (Last Name)  
Arendt-Nielsen

3. Date  
15-July-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Torsten Licht

5. Manuscript Title  
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Se venligst sektion 6 med liste over modtagne honorarer og forskningsbevillinger.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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

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Jeg er p.t. Præsident for IASP: International Association for the Study of Pain

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Modtaget foredragshonorar fra: Allergan, Grünenthal, Ono, Abbott, Boehringer-Ingelheim, Pfizer, Bristol-Myers Squibb, Daiichi Sankyo, Shionogi, Ironwood Pharma, Eli Lilly, Mundipharma, Purdue, Pierre Fabre, Sanofi-Aventis, Vertex Pharmaceuticals, UCB.

Modtaget forskningsbevillinger fra: Shionogi, Daiichi Sankyo, Grünenthal, Merck.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Lona Louring      2. Surname (Last Name) Christrup      3. Date 14-July-2019

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Lars Arendt-Nielsen

5. Manuscript Title  
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Dr. Christrup reports personal fees from Grünenthal, during the conduct of the study.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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) Nina      2. Surname (Last Name) Bache      3. Date 15-July-2019

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Torsten Licht

5. Manuscript Title  
Opioider til kroniske non-maligne smerter: Behov for nuancering og individuel patientbehandling

6. Manuscript Identifying Number (if you know it)  
UFL-06-19-0339

### 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.)?

Are there any relevant conflicts of interest?     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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Grünenthal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fået honorar for at deltage i et advisory board, der udgjorde datagrundlaget for artiklen.

### Section 3. Relevant financial activities outside the submitted work.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5. Relationships not covered above

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Har ikke fået et honorar for medforfatterskab.

Har modtaget honorar fra firmet Grünenthal for deltagelse i advisory board februar 2019, hvor behandling med opioider blev diskuteret. Data fra mødet, danner grundlag for artiklen. Grünenthal har bidraget med at betale udgifter til medical writer.

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### Instructions

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#### 1. Identifying information.

#### 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".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) 2. Surname (Last Name) 3. Date  
 Torsten Wentzer Licht 05-August-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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Grünenthal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modtaget honorar i forbindelse med deltagelse i Advisory Board i februar 2019.

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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) Gregersen      3. Date 07-August-2019

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Torsten Licht

5. Manuscript Title  
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