

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) Janne	2. Surname (Last Name) Ingerslev	3. Date 11-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristoffer Schwartz
5. Manuscript Title Kirurgisk behandling af patienter med Obstruktiv Søvnåpne Syndrom		
6. Manuscript Identifying Number (if you know it) UFL-04-20-0242		

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

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Section 6. Disclosure Statement

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Dr. Ingerslev has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Jens Jørgen

2. Surname (Last Name)

Thorn

3. Date

11-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Kristoffer Schwartz

5. Manuscript Title

Kirurgisk behandling af patienter med Obstruktiv Søvnåpnø Syndrom

6. Manuscript Identifying Number (if you know it)

UFL-04-20-0242

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1. Given Name (First Name)
Kristoffer

2. Surname (Last Name)
Schwartz

3. Date
11-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Kirurgisk behandling af patienter med Obstruktiv Søvnåpnø Syndrom

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Stig	2. Surname (Last Name) Krarup Petersen	3. Date 11-June-2020
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Dr. Krarup Petersen has nothing to disclose.

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