

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jonathan Olsgård

2. Surname (Last Name)
Hansen

3. Date
21-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hjernestammeimplantation

6. Manuscript Identifying Number (if you know it)
UFL-04-20-0245

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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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

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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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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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. Hansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Niels

2. Surname (Last Name)
West

3. Date
21-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title
Hjernestammeimplantation

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Dr. West has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Per

2. Surname (Last Name)

Cayé-Thomasen

3. Date

21-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jonathan Olsgård Hansen

5. Manuscript Title

Hjernestammeimplantation

6. Manuscript Identifying Number (if you know it)

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Dr. Cayé-Thomasen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Bille

3. Date
21-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jonathan Olsgård Hansen

5. Manuscript Title
Hjernestammeimplantation

6. Manuscript Identifying Number (if you know it)
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Dr. Bille has nothing to disclose.

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