



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Halldór Bjarki

2. Surname (Last Name)

Einarsson

3. Date

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

UFL-09-20-0712

### 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

### 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

### 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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### Section 6. Disclosure Statement

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Dr. Einarsson has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Frantz Rom

2. Surname (Last Name)  
Poulsen

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Halldór Bjarki Einarsson

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
UFL-09-20-0712

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Dr. Poulsen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Mirosława Anna

2. Surname (Last Name)

Derejko

3. Date

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Halldór Bjarki Einarsson

5. Manuscript Title

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UFL-09-20-0712

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Dr. Derejko has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Anders Rosendal

2. Surname (Last Name)  
Korshoej

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Halldór Bjarki Einarsson

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
UFL-09-20-0712

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Dr. Korshoej has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Erisela

2. Surname (Last Name)  
Qerama

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Halldór Bjarki Einarsson

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
UFL-09-20-0712

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Dr. Qerama has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Christian Bonde

2. Surname (Last Name)

Pedersen

3. Date

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Halldór Bjarki Einarsson

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

UFL-09-20-0712

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Dr. Pedersen 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

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Halldór Bjarki Einarsson

5. Manuscript Title

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Troels Halfeld

2. Surname (Last Name)

Nielsen

3. Date

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Halldór Bjarki Einarsson

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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Dr. Nielsen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Anders Hedegaard

2. Surname (Last Name)

Clausen

3. Date

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Halldór Bjarki Einarsson

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Dr. Clausen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kathleen

2. Surname (Last Name)  
Seidel

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Halldór Bjarki Einarsson

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Dr. Seidel has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Mette Katrine

2. Surname (Last Name)  
Schulz

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Halldór Bjarki Einarsson

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