

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Silas Haahr

2. Surname (Last Name)
Nielsen

3. Date
02-May-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Minimalt invasiv behandling af hjernetumorer og epilepsi med MR-vejledt laserablation

6. Manuscript Identifying Number (if you know it)
UFL-02-21-0128

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.

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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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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. Nielsen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Rune
2. Surname (Last Name)
Rasmussen
3. Date
08-February-2021
4. Are you the corresponding author? Yes No Corresponding Author's Name
Silas Haahr Nielsen
5. Manuscript Title
Minimalt invasiv behandling af hjernetumorer og epilepsi med MR-vejledt laserablation
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Dr. Rasmussen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Morten

2. Surname (Last Name)
Ziebell

3. Date
08-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Silas Haahr Nielsen

5. Manuscript Title

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Dr. Ziebell has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Adam Espe
2. Surname (Last Name)
Hansen
3. Date
08-February-2021
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Silas Haahr Nielsen
5. Manuscript Title
Minimalt invasiv behandling af hjernetumorer og epilepsi med MR-vejledt laserablation
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Dr. Hansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jane
2. Surname (Last Name)
Skjøth-Rasmussen
3. Date
08-February-2021
4. Are you the corresponding author? Yes No Corresponding Author's Name
Silas Haahr Nielsen
5. Manuscript Title
Minimalt invasiv behandling af hjernetumorer og epilepsi med MR-vejledt laserablation
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Dr. Skjøth-Rasmussen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Gorm

2. Surname (Last Name)
von Oettingen

3. Date
08-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Silas Haahr Nielsen

5. Manuscript Title

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Dr. von Oettingen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lars Hageman 2. Surname (Last Name) Pinborg 3. Date 08-February-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Silas Haahr Nielsen

5. Manuscript Title
Minimalt invasiv behandling af hjernetumorer og epilepsi med MR-vejledt laserablation

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Dr. Pinborg has nothing to disclose.

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1. Given Name (First Name)
Bo
2. Surname (Last Name)
Jespersen
3. Date
08-February-2021
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Silas Haahr Nielsen
5. Manuscript Title
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Dr. Jespersen has nothing to disclose.

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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
Varian Medical Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Møller reports grants from Varian Medical Systems, outside the submitted work; .

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