

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Abdullah Najib

2. Surname (Last Name)
Maarouf

3. Date

4. Are you the corresponding author? Yes No

5. Manuscript Title
Øjenlågsplastik som behandling af den kroniske hovedpineform – Hemicrania continua.

6. Manuscript Identifying Number (if you know it)

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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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 5. Relationships not covered above

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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Section 6. Disclosure Statement

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Dr. Maarouf 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)

2) Ole Kristian Lerche

2. Surname (Last Name)

Helgestad

3. Date

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Abdullah Najib Maarouf

5. Manuscript Title

Øjenlågsplastik som behandling af den kroniske hovedpineform – Hemicrania continua.

6. Manuscript Identifying Number (if you know it)

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