

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mathias Just	2. Surname (Last Name) Nortvig	3. Date 14-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mikkel Schou Andersen
5. Manuscript Title Intrakranial tryk og non-invasive trykmodaliteter - status og fremtiden		
6. Manuscript Identifying Number (if you know it)		

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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

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Dr. Nortvig has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Frantz Rom 2. Surname (Last Name) Poulsen 3. Date 14-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Mikkel Schou Andersen

5. Manuscript Title
Intrakranial tryk og non-invasive trykmodaliteter - status og fremtiden

6. Manuscript Identifying Number (if you know it)

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
StatuManu Aps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research salary. 500.000 dkk

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1. Given Name (First Name) Christian Bonde	2. Surname (Last Name) Pedersen	3. Date 14-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mikkel Schou Andersen
5. Manuscript Title Intrakranial tryk og non-invasive trykmodaliteter - status og fremtiden		
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