ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Morten Arnika  
2. Surname (Last Name)  
Skydsgaard  
3. Date  
15-January-2016  
4. Are you the corresponding author?  
Yes  No  
5. Manuscript Title  

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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Are there any relevant conflicts of interest?  Yes  No

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Dr. Skydsgaard 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)  
Asbjørn

2. Surname (Last Name)  
Hróbjartsson

3. Date  
15-January-2016

4. Are you the corresponding author?  
☑ No

5. Manuscript Title  
Lægerne og seksualiteten

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?  
☑ No

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Dr. Hróbjartsson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christian
2. Surname (Last Name) Graugaard
3. Date 15-January-2016
4. Are you the corresponding author? ✔ Yes □ No
5. Manuscript Title XX
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.)?
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Section 6. Disclosure Statement

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Dr. Graugaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jesper Vaczy
2. Surname (Last Name) Kragh
3. Date 15-January-2016
4. Are you the corresponding author? ☐ Yes ☐ No
5. Manuscript Title
6. Manuscript Identifying Number (if you know it)

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