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
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Section 1. Identifying Information

1. Given Name (First Name)  
Tine

2. Surname (Last Name)  
Nielsen

3. Date  
11-October-2017

4. Are you the corresponding author?  
✔ Yes  ☐ No

5. Manuscript Title  
The use of olfactory testing in the process of diagnosing Parkinson’s Disease – a systematic review

6. Manuscript Identifying Number (if you know it)

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Dr. Nielsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Martin Bang

2. Surname (Last Name)  
   Jensen

3. Date  
   11-October-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Tine Nielsen

5. Manuscript Title  
   The use of olfactory testing in the process of diagnosing Parkinson’s Disease – a systematic review

6. Manuscript Identifying Number (if you know it)

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Dr. Jensen has nothing to disclose.

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1. Given Name (First Name)  
Egon

2. Surname (Last Name)  
Stenager

3. Date  
11-October-2017

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author’s Name  
Tine Nielsen

5. Manuscript Title  
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Dr. Stenager has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Andreas Dammann

2. Surname (Last Name)  
Andersen

3. Date  
11-October-2017

4. Are you the corresponding author?  
[ ] Yes  [x] No  
Corresponding Author’s Name  
Tine Nielsen

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Dr. Andersen has nothing to disclose.

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