ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Finn Ole

2. Surname (Last Name)  
Larsen

3. Date  
24-October-2017

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Safety and Feasibility of Home-based Chemotherapy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
✔ Yes  
No

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No

Section 4. Intellectual Property -- Patents & Copyrights

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No
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Dr. Larsen has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Birgitte</td>
<td>Christiansen</td>
<td>24-October-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - ✔ No  

5. Manuscript Title  
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### 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?  
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### 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?  
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Disclosure Statement

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Dr. Christiansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Annette
2. Surname (Last Name)  Rishøj
3. Date  24-October-2017
4. Are you the corresponding author?  Yes  No
   ✔
   Corresponding Author’s Name  Finn Ole Larsen
5. Manuscript Title
   Safety and Feasibility of Home-based Chemotherapy

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No  ✔

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Dr. Rishøj has nothing to disclose.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name)  
   Knud Mejer

2. Surname (Last Name)  
   Nelausen

3. Date  
   24-October-2017

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Finn Ole Larsen

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Nielsen

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dorte Lisbeth

2. Surname (Last Name)  
Nielsen

3. Date  
24-October-2017

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Yes  ✔  No

Corresponding Author’s Name  
Finn Ole Larsen

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Dr. Nielsen has nothing to disclose.

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