ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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>Daniel</td>
<td>Kondziella</td>
<td>15-December-2014</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
Surgical therapy must be definitive and on time, yet it rarely achieved

6. Manuscript Identifying Number (if you know it)
UFL-12-14-0670

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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No relevant disclosures for Dr Kondziella

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Section 1. Identifying Information

1. Given Name (First Name) Mette
2. Surname (Last Name) Lindelof
3. Date 14-December-2014
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Daniel Kondziella

5. Manuscript Title
Surgical therapy in superficial CNS siderosis must be definitive and on time, yet is rarely achieved

6. Manuscript Identifying Number (if you know it)
UFL-12-14-0670

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Dr. Lindelof has nothing to disclose.

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   Vibeke andréé

2. Surname (Last Name)  
   Larsen

3. Date  
   15-December-2014

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

   Corresponding Author’s Name  
   Daniel Kondziella

5. Manuscript Title  
   Superficial CNS siderosis

6. Manuscript Identifying Number (if you know it)  
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   Anders  

2. Surname (Last Name)  
   Kruse  

3. Date  

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

   Corresponding Author’s Name  
   Daniel Kondziella  

5. Manuscript Title  
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2. Surname (Last Name)  Haziri
3. Date  15-December-2014
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   Corresponding Author's Name  Daniel Kondziella
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)  12-14-0670

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