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)  
   Frantz Rom

2. Surname (Last Name)  
   Poulsen

3. Date  
   03-June-2013

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Aggressive combined endovascular and neurosurgical treatment of cerebral venous sinus thrombosis

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

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ Yes  
   No
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Dr. Poulsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Mette Katrine
2. Surname (Last Name)    Schulz
3. Date  03-June-2013
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Aggressive combined endovascular and neurosurgical treatment of cerebral venous sinus thrombosis
6. Manuscript Identifying Number (if you know it)

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Dr. Schulz 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)  
Jørgen

2. Surname (Last Name)  
Nepper-Rasmussen

3. Date  
24-May-2013

4. Are you the corresponding author?  
Yes ☑ No

Corresponding Author’s Name  
Frantz Rom Poulsen

5. Manuscript Title  
Aggressive combined endovascular and neurosurgical treatment of cerebral venous sinus thrombosis

6. Manuscript Identifying Number (if you know it)  
UFL-05-13-0324

Section 2. The Work Under Consideration for Publication

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Dr. Nepper-Rasmussen 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) Lisbeth
2. Surname (Last Name) Høgedal
3. Date 03-June-2013
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Frantz Rom Poulsen
5. Manuscript Title Aggressive combined endovascular and neurosurgical treatment of cerebral venous sinus thrombosis
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No ✔

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Dr. Høgedal has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name)       | Margit Vejen  |
| 2. Surname (Last Name)          | Stilling     |
| 3. Date                         | 28-May-2013  |
| 4. Are you the corresponding author? | Yes ✔       |

Corresponding Author’s Name
Frantz Rom Poulsen

5. Manuscript Title
Aggressive combined endovascular and neurosurgical treatment of cerebral venous sinus thrombosis

6. Manuscript Identifying Number (if you know it)

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Dr. Stilling has nothing to disclose.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)**
   - Peter
2. **Surname (Last Name)**
   - Birkeland
3. **Date**
   - 31-May-2013

4. Are you the corresponding author?  
   - Yes ☑ No  
   
   - **Corresponding Author’s Name**
     - Frantz Rom Poulsen

5. **Manuscript Title**
   - Aggressive combined endovascular and neurosurgical treatment of cerebral venous sinus thrombosis

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?  
- Yes ☑ No

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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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?  
- Yes ☑ No
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Birkeland has nothing to disclose.

Evaluation and Feedback

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