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)  2. Surname (Last Name)  3. Date
   Claudia  Mau Kai  28-February-2018

4. Are you the corresponding author?  ☑ No

   Corresponding Author's Name
   Dina Cortes

5. Manuscript Title
   Successful performance of renography does not require sedation

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?  ☑ No

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Are there any relevant conflicts of interest?  ☑ No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ No
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Section 6. Disclosure Statement

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Dr. Mau Kai has nothing to disclose.

Evaluation and Feedback

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Mau Kai
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Bente

2. Surname (Last Name)  
   Ingvarsén

3. Date  
   28-February-2018

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author's Name  
   Dina Cortes

5. Manuscript Title  
   Successful performance of renography does not require sedation

6. Manuscript Identifying Number (if you know it)

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Bente Ingvarsdøn 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)  Pernille
2. Surname (Last Name)      Lemvig
3. Date                    28-February-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Successful performance of renography does not require sedation
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Pernille Lemvig has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Line Thousig

2. Surname (Last Name)  
   Sehested

3. Date  
   27-February-2018

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Dina Cortes

5. Manuscript Title  
   Successful performance of renography does not require sedation

6. Manuscript Identifying Number (if you know it)

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☑ No

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☑ No
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Line Thousig Sehested has nothing to disclose

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Søndergaard
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Lasse Rahbek

2. Surname (Last Name)  
Søndergaard

3. Date  
01-March-2018

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

Corresponding Author's Name  
Dina Cortes

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

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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)  
Søren

2. Surname (Last Name)  
Møller

3. Date  
05-March-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Dina Cortes

5. Manuscript Title  
Successful performance of renography does not require sedation

6. Manuscript Identifying Number (if you know it)

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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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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

I have nothing to disclose

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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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.

1. Identifying Information.

2. The Work Under Consideration for Publication.

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".


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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships Not Covered Above.

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Definitions.

   Entity: government agency, foundation, commercial sponsor, academic institution, etc.

   Grant: A grant from an entity, generally (but not always) paid to your organization

   Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations.

   Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

   Other: Anything not covered under the previous three boxes

   Pending: The patent has been filed but not issued

   Issued: The patent has been issued by the agency

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Dina

2. Surname (Last Name)  
   Cortes

3. Date  
   28-February-2018

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

5. Manuscript Title  
   Successful performance of renography does not require sedation

6. Manuscript Identifying Number (if you know it)

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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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☐ 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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Dina Cortes has nothing to disclosure.

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