ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Søren Lundgaard

2. Surname (Last Name)  
   Viuff

3. Date  
   29-March-2017

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

5. Manuscript Title  
   Effects of low-dose rhEpo treatment on cognitive performance - randomised, placebo-controlled trial

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Ulla

2. Surname (Last Name)  
   Plenge

3. Date  
   26-January-2014

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

   Corresponding Author’s Name  
   Søren Lundgaard Viuff

5. Manuscript Title  
   Effects of low-dose rhEpo treatment on cognitive performance - randomised, placebo-controlled trial

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Section 1. Identifying Information

1. Given Name (First Name)  
Bo

2. Surname (Last Name)  
Belhage

3. Date  
27-April-2017

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

Corresponding Author’s Name  
Søren Lundgaard Viuff

5. Manuscript Title  
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   Robert

2. Surname (Last Name)  
   Boushel

3. Date  
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Corresponding Author’s Name  
Søren Lundgaard Viuff

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5. Manuscript Title  
   Effects of low-dose rhEpo treatment on cognitive performance - randomised, placebo-controlled trial

6. Manuscript Identifying Number (if you know it)

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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?  
Yes ☑  No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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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 ☑

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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 6. Disclosure Statement

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

Dr. Koester reports grants from The Aase and Ejner Danielsen’s Foundation, grants from Danish Ministry of Science, Innovation and Higher Education, during the conduct of the study;

Evaluation and Feedback

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