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.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.
- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
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- **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
- **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
Section 1. Identifying Information

1. Given Name (First Name)  
Mathias Gierloff

2. Surname (Last Name)  
Heitmann

3. Date  
04-May-2016

4. Are you the corresponding author?  
☑️ No

Corresponding Author’s Name  
Jacob Hansen-Schwartz

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

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Are there any relevant conflicts of interest?  
☑️ No

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Dr. Heitmann has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Jacob</td>
<td>Hansen-Schwartz</td>
<td>05-May-2016</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
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Dr. Hansen-Schwartz has nothing to disclose.

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1. Given Name (First Name)  
   Jens Juul

2. Surname (Last Name)  
   Larsen

3. Date  
   05-May-2016

4. Are you the corresponding author?  
   Yes  ☑️ No

   Corresponding Author's Name  
   Jacob Hansen-Schwartz

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

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Section 1. Identifying Information

1. Given Name (First Name)  
Jens

2. Surname (Last Name)  
Tingleff

3. Date  
09-May-2016

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Jacob Hansen-Schwartz

5. Manuscript Title  
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