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.

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

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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)  
Henrik

2. Surname (Last Name)  
Roed

3. Date  
21-January-2019

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Tobias Berg

5. Manuscript Title  
Outcome and treatment of ovarian cancer – a retrospective study

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.)?

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☑ No

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Dr. Roed has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Tobias
2. Surname (Last Name) Berg
3. Date 17-January-2019
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title
   Outcome and treatment of ovarian cancer - a retrospective study
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

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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<td>Danish Cancer Society</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Unrestricted scholarship grant for Mr. Tobias Berg</td>
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Are there any relevant conflicts of interest? ☐ Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Berg reports grants from Danish Cancer Society, during the conduct of the study.

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Nottrup
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<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Trine Jakobi</td>
<td>Nøttrup</td>
<td>18-January-2019</td>
</tr>
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</table>

4. Are you the corresponding author? □ Yes □ No

<table>
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<tr>
<th>Corresponding Author's Name</th>
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<tr>
<td>Tobias Berg</td>
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Dr. Nøttrup has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Ulla

2. Surname (Last Name)  
Peen

3. Date  
22-January-2019

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

Corresponding Author’s Name  
Tobias Berg

5. Manuscript Title  
Outcome and treatment of ovarian cancer – a retrospective study

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