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.

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Royalties: Funds are coming in to you or your institution due to your patent

Borhani-Khomani

1
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Kaveh

2. **Surname (Last Name)**  
   Borhani-Khomani

3. **Date**  
   03-July-2019

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

5. **Manuscript Title**  
   Behandling af rhinophyma med laser og kirurgi

6. **Manuscript Identifying Number (if you know it)**  
   UFL-04-19-0213

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
- [ ] Yes  
- [x] No

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

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- [x] No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes  
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Dr. Borhani-Khomani has nothing to disclose.

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Vestergaard Thomsen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)    Michael
2. Surname (Last Name)        Vestergaard Thomsen
3. Date                      03-July-2019

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

Corresponding Author’s Name
Kaveh Borhani-Khomani

5. Manuscript Title
Behandling af rhinophyma med laser og kirurgi

6. Manuscript Identifying Number (if you know it)
UFL-04-19-0213

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Are there any relevant conflicts of interest?  □ Yes  ✔ No

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Dr. Vestergaard Thomsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Prangsgaard Møller

3. Date  
03-July-2019

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Kaveh Borhani-Khomi

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Dr. Prangsgaard Møller has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Merete

2. Surname (Last Name)  
   Hædersdal

3. Date  
   03-July-2019

4. Are you the corresponding author?  
   ☐ Yes   ☑ No  
   Corresponding Author’s Name  
   Kaveh Borhani-Khomaní

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

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Elisabeth Karmisholt
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Katrine

2. Surname (Last Name)  
Elisabeth Karmisholt

3. Date  
03-July-2019

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

Corresponding Author’s Name  
Kaveh Borhani-Khomi

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Dr. Elisabeth Karmisholt has nothing to disclose.

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

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Use this section to report 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.

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

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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
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Section 1. Identifying Information

1. Given Name (First Name) Christian
2. Surname (Last Name) Torsten Bonde
3. Date 03-July-2019

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

Corresponding Author’s Name
Kaveh Borhani-Khомani

5. Manuscript Title
Behandling af rhinophyma med laser og kirurgi

6. Manuscript Identifying Number (if you know it)
UFL-04-19-0213

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

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

Dr. Torsten Bonde has nothing to disclose.

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