ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Thorsten
2. Surname (Last Name)  Rasmussen
3. Date  08-September-2020

4. Are you the corresponding author?  \(\checkmark\) Yes  \(\square\) No

5. Manuscript Title
Behandlingsinduceret neuropati ved diabetes - en overset tilstand

6. Manuscript Identifying Number (if you know it)
07-20-0503

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  \(\square\) Yes  \(\checkmark\) No

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Are there any relevant conflicts of interest?  \(\square\) Yes  \(\checkmark\) No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  \(\square\) Yes  \(\checkmark\) No
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Dr. Rasmussen has nothing to disclose.

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1. Given Name (First Name) Else Vestbo
2. Surname (Last Name)
3. Date 08-September-2020

4. Are you the corresponding author? Yes No
   Corresponding Author's Name Thorsten Rasmussen

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Dr. Vestbo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Klaus

2. Surname (Last Name)
   Krogh

3. Date
   08-September-2020

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

5. Manuscript Title
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Are there any relevant conflicts of interest?
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Dr. Krogh has nothing to disclose.

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1. Given Name (First Name)  
Páll

2. Surname (Last Name)  
Karlsson

3. Date  
08-September-2020

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

Corresponding Author's Name  
Thorsten Rasmussen

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

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1. Given Name (First Name)  
   Troels

2. Surname (Last Name)  
   Staehelin Jensen

3. Date  
   08-September-2020

4. Are you the corresponding author?  
   Yes  Yes

Corresponding Author's Name  
Thorsten Rasmussen

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
Yes

No

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Yes

No

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Dr. Staehelin Jensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Henning

2. Surname (Last Name)  
   Andersen

3. Date  
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4. Are you the corresponding author?  
   Yes  ☑ No  
   Corresponding Author's Name  
   Thorsten Rasmussen

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Dr. Andersen has nothing to disclose.

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   Astrid

2. Surname (Last Name)  
   Juhl Terkelsen

3. Date  
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4. Are you the corresponding author?  
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   Thorsten Rasmussen

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