

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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#### Definitions.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kari

2. Surname (Last Name)  
Sørland

3. Date  
23-July-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Øystein Fluge

5. Manuscript Title  
B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial

6. Manuscript Identifying Number (if you know it)  
M18-1451

### 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The Norwegian Regional Health Trusts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NorCRIN (Norwegian Clinical Research Infrastructure Network)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Administrative support and advice during trial planning phase

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

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**.

Are there any relevant conflicts of interest?  Yes  No

### 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

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Ms. Sørland reports grants from The Norwegian Regional Health Trusts, non-financial support from NorCRIN (Norwegian Clinical Research Infrastructure Network), during the conduct of the study .

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Ann-Elise Havnen

2. Surname (Last Name)  
Solvang

3. Date  
26-July-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Øystein Fluge

5. Manuscript Title  
B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial"

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Merethe Otelie Eide	2. Surname (Last Name) Gotaas	3. Date 31-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Øystein Fluge/Olav Mella
5. Manuscript Title B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial		
6. Manuscript Identifying Number (if you know it) M18-1451		

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Dr. Gotaas has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Øivind

2. Surname (Last Name)

Kvammen

3. Date

21-September-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Øystein Fluge

5. Manuscript Title

B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial

6. Manuscript Identifying Number (if you know it)

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 Yes No

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Dr. Kvammen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Katarzyna Anna

2. Surname (Last Name)  
Baranowska

3. Date  
01-August-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Øystein Fluge

5. Manuscript Title  
B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome

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Norwegian Regional Health Trust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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.

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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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**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)  
Arne E. S.

2. Surname (Last Name)  
Gya

3. Date  
01-August-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Øystein Fluge

5. Manuscript Title  
B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial

6. Manuscript Identifying Number (if you know it)  
M18-1451

### 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Norwegian Regional Health Trusts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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**.

Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there 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?

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**Pending:** The patent has been filed but not issued

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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) Øystein

2. Surname (Last Name) Fluge

3. Date 04-August-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome  
A Randomized, Double-blind, Placebo-controlled Trial

6. Manuscript Identifying Number (if you know it)  
M18-1451

### 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The Kavli Trust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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**.

Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
B-cell depletion therapy for chronic fatigue syndrome (ME/CFS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Haukeland University Hospital has patents and patent applications on the issue of B-cell depletion therapy for chronic fatigue syndrome (ME/CFS). Øystein Fluge is mentioned as an inventor in these applications.

### Section 5. Relationships not covered above

Are there 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?

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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. Fluge reports grants from The Kavli Trust, during the conduct of the study; In addition, Dr. Fluge has a patent B-cell depletion therapy for chronic fatigue syndrome (ME/CFS) issued.

### Evaluation and Feedback

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Olav

2. Surname (Last Name)  
Mella

3. Date  
06-August-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Øystein Fluge

5. Manuscript Title  
B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome. A randomized, Double-blind, Placebo-controlled Trial

6. Manuscript Identifying Number (if you know it)  
M18-1451

### 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The Norwegian Research Council. Norwegian Regional Health Trusts. The Kavli Trust. MEand You Foundation. Norwegian ME Association.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	These are all grants used for the study - no personal fees or payment to me.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Haukeland University Hospital has patents and patent application on the issue of B-cell depletion therapy for chronic fatigue syndrome (ME/CFS). Olav Mella is mentioned as an inventor in these applications.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		There has been no payment of any fees to inventors in any phase of the process

### Section 5. Relationships not covered above

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Dr. Mella reports grants for the study from The Norwegian Research Council. Norwegian Regional Health Trusts. The Kavli Trust. MEand You Foundation. Norwegian ME Association., during the conduct of the study; In addition, Haukeland University Hospital has patents and patent application on the issue of B-cell depletion therapy for chronic fatigue syndrome (ME/CFS). Olav Mella is mentioned as an inventor in these applications.

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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)  
Ingrid Gurvin

2. Surname (Last Name)  
Rekeland

3. Date  
02-August-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Øystein Fluge

5. Manuscript Title  
B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial

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the Norwegian Regional Health Trusts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Katarina

2. Surname (Last Name)  
Lien

3. Date  
25-September-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Øystein Fluge

5. Manuscript Title  
B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome. A Randomized, Double-blind, Placebo-controlled Trial

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Norwegian Regional Health Trusts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there 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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

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Dr. Lien reports grants from Norwegian Regional Health Trusts, during the conduct of the study.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Hanne

2. Surname (Last Name)  
Thürmer

3. Date  
22-July-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Øystein Fluge

5. Manuscript Title  
B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial"

6. Manuscript Identifying Number (if you know it)  
M18-1451

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Thürmer has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Petter	2. Surname (Last Name) Borchgrevink	3. Date 01-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fluge
5. Manuscript Title B-lymphocyte Depletion		
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.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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

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### Section 6. Disclosure Statement

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Dr. Borchgrevink has nothing to disclose.

### Evaluation and Feedback

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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)

Jörg

2. Surname (Last Name)

Assmus

3. Date

20-February-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Øystein Fluge

5. Manuscript Title

B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial

6. Manuscript Identifying Number (if you know it)

M18-1451

### 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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Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Assmus has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Olav

2. Surname (Last Name)

Dahl

3. Date

08-June-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial

6. Manuscript Identifying Number (if you know it)

M18-1451

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

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Dahl has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Christoph

2. Surname (Last Name) Schäfer

3. Date 19-January-2019

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Øyvind Fluge

5. Manuscript Title B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial

6. Manuscript Identifying Number (if you know it) M18-1451

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Norwegian Regional Health Trusts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Are there any relevant conflicts of interest?  Yes  No

### 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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Dr. Schäfer reports grants from Norwegian Regional Health Trusts , during the conduct of the study; .

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#### 4. Intellectual Property.

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

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**Other:** Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

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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)  
Irimi

2. Surname (Last Name)  
Ktoridou-Valen

3. Date  
22-August-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Øystein Fluge

5. Manuscript Title  
"B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial"

6. Manuscript Identifying Number (if you know it)  
M18-1451

### 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Norwegian Regional Health Trusts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Are there any relevant conflicts of interest?  Yes  No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ktoridou-Valen reports grants from Norwegian Regional Health Trusts , during the conduct of the study; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ingrid

2. Surname (Last Name)  
Herder

3. Date  
06-August-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Øystein Fluge

5. Manuscript Title  
B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial

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Dr. Herder reports grants from Norwegian Regional Health Trusts, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Louis M.L.J.	2. Surname (Last Name) Bohnen	3. Date 18-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Øystein Fluge
5. Manuscript Title B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial".		
6. Manuscript Identifying Number (if you know it)		

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Norwegian Regional Health Trusts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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)  
Sissel Skulberg

2. Surname (Last Name)  
Martinsen

3. Date  
28-August-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Øystein Fluge Olav Mella

5. Manuscript Title  
B-Lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, placebocontrolled Trial

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Are there any relevant conflicts of interest?  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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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During the conduct of the study I received grants from Norwegian Regional Helth Trusts, as ordinary wages.

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Dr. Martinsen reports and During the conduct of the study I received grants from Norwegian Regional Helth Trusts, as ordinary wages.

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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) Ann Elin      2. Surname (Last Name) Lonar      3. Date 21-August-2018

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, placebo-controlled trial

6. Manuscript Identifying Number (if you know it)  
M18-1451

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

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Norwegian regional Health Trusts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ove	2. Surname (Last Name) Bruland	3. Date 13-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Øystein Fluge
5. Manuscript Title B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial		
6. Manuscript Identifying Number (if you know it) M18-1451		

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Bruland has nothing to disclose.

### Evaluation and Feedback

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

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### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kristin

2. Surname (Last Name)  
Risa

3. Date  
22-August-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Øystein Fluge

5. Manuscript Title  
B-lymphocyte Depletion in Patients with Myalgic Encephalopathy/Chronic Fatigue Syndrome A Randomized, Double-blind, Placebo-controlled Trial

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Kavlifondet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Risa reports grants from Kavlifondet, during the conduct of the study; .

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1. Given Name (First Name)  
Kine

2. Surname (Last Name)  
Alme

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06-August-2018

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