ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Ann Marlene Gram
2. Surname (Last Name): Christensen
3. Effective Date (07-August-2008): 29-August-2012

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

5. Manuscript Title
C-reactive protein, white blood cell count, and absolute neutrophile count as differential diagnostic markers in tonsillar and middle ear derived infections.

6. Manuscript Identifying Number (if you know it)

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
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7. Other	✓	☐	☐			×
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2. Consultancy	✓	☐	☐			×
						ADD
3. Employment	✓	☐	☐			×
						ADD
4. Expert testimony	✓	☐	☐			×
						ADD
5. Grants/grants pending	✓	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	✓	☐	☐			×
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						ADD
8. Patents (planned, pending or issued)	✓	☐	☐			×
						ADD
9. Royalties	✓	☐	☐			×
						ADD
10. Payment for development of educational presentations	✓	☐	☐			×
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11. Stock/stock options	✓	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓	☐	☐			×
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13. Other (err on the side of full disclosure)	✓	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name)
Martin Glymer

2. Surname (Last Name)
Kirkegaard

3. Effective Date (07-August-2008)
28-August-2012

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

Corresponding Author's Name
Ann Marlene Gram Christensen

5. Manuscript Title
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3. Support for travel to meetings for the study or other purposes	☑	☐	☐			X ADD
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Thomas Skov
2. Surname (Last Name): Randrup
3. Effective Date (07-August-2008): 28-August-2012

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

Corresponding Author's Name: Ann Marlene Gram Christensen

5. Manuscript Title
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						ADD
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						ADD
3. Employment	✓	☐	☐			×
						ADD
4. Expert testimony	✓	☐	☐			×
						ADD
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						ADD
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						ADD
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1. Given Name (First Name): Tejs Ehlers
2. Surname (Last Name): Klug
3. Effective Date (07-August-2008): 28-August-2012
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Ann Marlene Gram Christensen

5. Manuscript Title: C-reactive protein, white blood cell count, and absolute neutrophile count as differential diagnostic markers in tonsillar and middle ear derived infections.
6. Manuscript Identifying Number (if you know it):

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						ADD
6. Payment for lectures including service on speakers bureaus	✓	☐	☐			×
						ADD
7. Payment for manuscript preparation	✓	☐	☐			×

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	✓	☐	☐			×
						ADD
9. Royalties	✓	☐	☐			×
						ADD
10. Payment for development of educational presentations	✓	☐	☐			×
						ADD
11. Stock/stock options	✓	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	✓	☐	☐			×
						ADD

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

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?

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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