

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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4. Are you the corres			
	ponding author?	✓ Yes No	
5. Manuscript Title Effekten af alkohol methotraxat/leflun	J	anin aminotranferase hos patienter me	d reumatoid- og psoriasis artrit i relation til
6. Manuscript Identif	ying Number (if you k	now it)	

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.)?

🖌 No

Are there any relevant conflicts of interest?	Y	/es
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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	
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Dr. Nissen has nothing to disclose.

Evaluation and Feedback



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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Jette	2. Surname (Last Name) Primdahl	3. Date 04-September-2013
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Christoffer Budde Nissen
5. Manuscript Title Effekten af alkohol og fed mad på p-ala methotraxat/leflunomid behandling	anin aminotranferase hos j	patienter med reumatoid- og psoriasis artrit i relation til
6. Manuscript ldentifying Number (if you k	now it)	_
Section 2. The Work Under C		
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Are there any relevant conflicts of inter	rest? Yes 🖌 No	
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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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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1. Given Name (First Name) Kim	2. Surname (Last Name) Hørslev-Petersen	3. Date 04-September-2013
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Christoffer Budde Nissen
5. Manuscript Title Effekten af alkohol og fed mad på p-al methotraxat/leflunomid behandling.	anin aminotranferase hos	patienter med reumatoid- og psoriasis artrit i relation til
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	ny relevant conflicts of interest? 🛛 Yes 🖌 N	10
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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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Continu 1		
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1. Given Name (First Name) Tine	2. Surname (Last Name) Elvander	3. Date 03-September-2013
4. Are you the corresponding author	? Yes 🖌 No	Corresponding Author's Name Christoffer Budde Nissen
5. Manuscript Title Effekten af alkohol og fed mad på methotraxat/leflunomid behandl	•	patienter med reumatoid- og psoriasis artrit i relation til
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