

Section 1. Identifying Inf	ormation	
Given Name (First Name) Kristine Bach	Surname (Last Name) Knudsen	3. Effective Date (07-August-2008) 07-May-2012
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Crigler -Najjar's sygdom type 1 i Da	nmark.	
6. Manuscript Identifying Number (if yo	u know it) 06 12 0357	

Section 2. The Work Under Consideration for Publication

Knudsen

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution	Name of Entity	Comments"					
1. Grant	1					× ADD				
2. Consulting fee or honorarium	1					× ADD				
Support for travel to meetings for the study or other purposes	V					×				
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					ADD:				
Payment for writing or reviewing the manuscript	V					ADD ×				
Provision of writing assistance, medicines, equipment, or administrative support	V					ADD				



The Work Under Consideration for Publication								
Турге	No	Money Paid to You	Money.to Your Institution	Name of Entity	(Comments)			
7. Other		П				ADI		
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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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work										
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments					
1. Board membership	1					X ADD				
2. Consultancy	1					× ADD				
3. Employment	✓					×				
4. Expert testimony	1					ADD				
5. Grants/grants pending	\checkmark					ADD				
Payment for lectures including service on speakers bureaus	V					ADD X				
Payment for manuscript preparation	V					ADD X				

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	tside th	e submitt	ted work			1000
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution	Entity	Comments	
Patents (planned, pending or issued)	V					ABD
issucaj						ADD
9. Royalties	1					×
10. Payment for development of educational presentations	V					ADD ×
11. Stock/stock options	V		П			ADD *
The Stock of Control of Control	I					ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	V					*
13. Other (err on the side of full disclosure)	V					ADID ×
* This means money that your institution ** For example, if you report a consultance Section 4.	y above t			vel related to that consult:	ancy on this line.	ADD
Are there other relationships or activity potentially influencing, what you wro No other relationships/conditions Yes, the following relationships/co	ties that te in the	submitted tances that	work? t present a pote	ential conflict of interes		
At the time of manuscript acceptance On occasion, journals may ask authors	, journals s to disclo	s will ask au ose further	uthors to confin information ab	m and, if necessary, upo out reported relations		ements.
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Low	Identifying Information
1. Given Name (f	First Name) F/NN 2. Surname (Last Name) FBBESEN 3. Effective Date (07-August-2008)
4. Are you the co	prresponding author? Yes No
5. Manuscript Tit	le Crigler-Najjars sygdom type! I anmark ristrue Back Assids en Astrid Heline Andreasen entifying Number (if you know it)
Manuscript Ide	ntifying Number (if you know it)
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Section 2.	

The Work Under Consideration	for Pul	olication					000
Туро	No	Poid	Money to Your Institution	Name of and	37	Comments**	
1. Grant	X						1
2. Consulting fee or honorarium	X						
 Support for travel to meetings for the study or other purposes 	K						A(0)1
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	X)						ADD
. Payment for writing or reviewing the manuscript	X						(A11)1 22
 Provision of writing assistance, medicines, equipment, or administrative support 	\square						(ADID



The Work Under Consideration for Publication									
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Section 3

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the Adul Duttern to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	entity	Comments	
Board membership	X					
2. Consultancy	K					A
3. Employment	\mathbb{Z}					-23
. Expert testimony	X					Al
. Grants/grants pending	Ø					A
. Payment for lectures including service on speakers bureaus						A)
Payment for manuscript preparation	Q					AE ×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



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ICMJE Form for Disclosure of Potential Conflicts of Interest

Type of Relationship (In Alphabet(e) order)	No	Money Partition You	Money to Your Institution?	Britisy	Comments
Patents (planned, pending or issued)	K				
9. Royalties	卤				Ā
Payment for development of educational presentations					A
Stock/stock options	Ø				A
Travel/accommodations/ meeting expenses unrelated to activities listed**	K				A
Other (err on the side of full disclosure)	卤				(A)
This means money that your institution *For example, if you report a consultance Selection 4. Other relational	y above ti	here is no ne	ed to report trave		
re there other relationships or activi otentially influencing, what you wro No other relationships/conditions	te in the	submitted	work?		
Yes, the following relationships/co					
t the time of manuscript acceptance	, journals	will ask au	thors to confirm	and, if necessary, up out reported relations	date their disclosure statemen

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Section 1. Identifying Info	rmation	
Given Name (First Name) Astrid-Helene	2. Surname (Last Name) Andreasen	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name
5. Manuscript Title Crigler-Najjar's syndrom er en sjæld	en årsag til perinatal hyperbi	lirubinæmi
Manuscript Identifying Number (if yo UFL-06-12-0357.R2	u 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments					
1. Grant	1				<i>1.</i> = -	×				
2. Consulting fee or honorarium	/					X ADD				
Support for travel to meetings for the study or other purposes	V					×				
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					ADD ×				
Payment for writing or reviewing the manuscript	✓					×				
Provision of writing assistance, medicines, equipment, or administrative support	V					ADD ×				

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
		11				ADD	
7. Other	✓					×	
						ADD	

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	V					×
2. Consultancy	V					ADD X
3. Employment	✓					×
4. Expert testimony	/					ADD X
5. Grants/grants pending	V					ADD X
Payment for lectures including service on speakers bureaus	V					ADD ×
Payment for manuscript preparation	V					ADD ×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	/					ADI
9. Royalties	/					ADI
Payment for development of educational presentations	/					ADI
Stock/stock options	V					ADI ×
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	7					ADI ×
Other (err on the side of full disclosure)	V					ADI ×
This means money that your institution * For example, if you report a consultance				I related to that consult:	ancy on this line.	ADE
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are there other relationships or active				ave influenced, or tha	at give the appearance o	of

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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