

ICMJE Form for Disclosure of Potential Conflicts of Interest

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 four parts.

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.

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". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) IRonald
 2. Surname (Last Name) Dahl
 3. Effective Date (07-August-2008) 06-February-2011

4. Are you the corresponding author? Yes No
 Corresponding Author's Name
 Anders Løkke

5. Manuscript Title
 Definition og forekomst af Alfa 1 antitrypsin (A1AT) mangel i Danmark samt gennemgang af den videnskabelige litteratur vedrørende erstatningsbehandling med A1AT.

6. Manuscript Identifying Number (if you know it)

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

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

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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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boehringer-Ingelheim, Novartis, TEVA, Nycomed		<input checked="" type="checkbox"/>
ADD						
2. Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boeringer Ingelheim, Pfizer, AstraZeneca, GSK, Novartis, ALK, Allergopharma	Principle Investigator	<input checked="" type="checkbox"/>
ADD						
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TEVA, MSD, GSK, Novartis, Nycomed UCB, Boehringer-Ingelheim	Lectures	<input checked="" type="checkbox"/>
ADD						
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
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1. Given Name (First Name) Anders 2. Surname (Last Name) Løkke 3. Effective Date (07-August-2008) 05-February-2011

4. Are you the corresponding author? Yes No

5. Manuscript Title
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						ADD
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5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boeringer Ingelheim, Pfizer, AstraZeneca, GSK, Novartis	Foredrag, undervisning/lectures, advisory board member, konsulent.	X
						ADD
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boeringer Ingelheim, Pfizer, AstraZeneca, GSK, Novartis	Foredrag, undervisning/lectures, advisory board member, konsulent.	X
						ADD
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jf. punkt 1 og 2	Jf. punkt 1 og 2	X
						ADD
7. Payment for manuscript preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca	Artikel skrivning i AstraZenecas blad: Respiratory Review	X
						ADD

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Section 1. Identifying Information

1. Given Name (First Name)
Lars
2. Surname (Last Name)
Pedersen
3. Effective Date (07-August-2008)
07-February-2011
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Anders Løkke
5. Manuscript Title
Definition og forekomst af Alfa 1 antitrypsin (A1AT) mangel i Danmark samt gennemgang af den videnskabelige litteratur vedrørende erstatningsbehandling med A1AT.
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						ADD
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						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

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1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Novartis	Foredrag	X
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca	Brevkasseskribent	X
						ADD
7. Payment for manuscript preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca	Artikel til AstraZenecas blad Respiratory Review	X
						ADD

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1. Given Name (First Name) Thomas 2. Surname (Last Name) Ringbæk 3. Effective Date (07-August-2008) 09-February-2011

4. Are you the corresponding author? Yes No Corresponding Author's Name
Anders Løkke

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						ADD
2. Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>
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6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Novartis	Lectures	<input checked="" type="checkbox"/>
						ADD
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Section 1. Identifying Information

1. Given Name (First Name) Ingrid Louise	2. Surname (Last Name) Titlestad	3. Effective Date (07-August-2008) 06-February-2011
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anders Løkke
5. Manuscript Title Definition og forekomst af Alfa 1 antitrypsin (A1AT) mangel i Danmark samt gennemgang af den videnskabelige litteratur vedrørende erstatningsbehandling med A1AT.		
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 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

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

* 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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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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
						ADD
2. Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boeringer Ingelheim, Pfizer, AstraZeneca, GSK, Novartis	Principle Investigator	<input type="checkbox"/>
						ADD
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca	Lectures	<input type="checkbox"/>
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
						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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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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