

 Provision of writing assistance, medicines, equipment, or administrative support 	5. Payment for writing or reviewing the manuscript	 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	 Support for travel to meetings for the study or other purposes 	2. Consulting fee or honorarium	1. Grant	The Work Under Consideration for Publication Money Type No Paid to You	Complete each row by checking "No" or providing the requested information. If you "Add" button to add a row. Excess rows can be removed by clicking the "X" button.	Did you or your institution at any time re (including but not limited to grants, date	Section 2. The Work Under Consideration for Publication	6. Manuscript Identifying Number (if you know it) 10-12-0625	5. Manuscript Title Kortere behandling af osteoartikulære infektioner hos børn	4. Are you the corresponding author?	1. Given Name (First Name) [AZIIDY KAPAUP	Section 1. Identifying Information
\boxtimes	×	Ø	\boxtimes	×		Publi	provid can be	eceive p a monit	nsider	G. W.	fektion	Yes	2. Surna	tion
							ing the requ	ayment or s oring board	ation for I		er hos børn	√N _o	2. Surname (Last Name)	The second
						Money to Your Name of Entity Comments*#	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.	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)?	ublication			Corresponding Author's Name Kim Kristensen	2. Effective Date (07-August-2008)	
×	A B	ADD X	alab X	ADDX	ADDX		hip dick are	d work sis, etc)?					ust-2008)	



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

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): Other relationships

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^{*}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.



7. Other	Туре	The Work Under Consideration for Publication
	No	ration for Pul
	Money Paid to You	blication
	Money to Your Institution*	
	Name of Entity	A CONTRACTOR
	Comments**	The second second
ADD X		

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.

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

Relevant financial activities outside the submitted work	ide the	submitte	ed work			
Type of Relationship (in alphabetical order)	N ₀	Money Paid to You	Money Money to Paid to Your You Institution*	Entity	Comments	
1. Board membership	Ø					A X
2. Consultancy	\boxtimes					8 × 8
3. Employment	A					X S
4. Expert testimony	A					A X
5. Grants/grants pending	\mathbb{R}					ADD X
Payment for lectures including service on speakers bureaus	×					ADD X
Payment for manuscript preparation	K				7.22 2.552	×

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

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Section 1. Identifying Infor	mation		
1. Given Name (First Name)	2. Surname (Last Name)	ADERSEV	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes No	Corresponding Author Kim Kristensen	's Name
5. Manuscript Title			
Kortere behandling af osteoartikulære	infektioner hos børn		
6. Manuscript Identifying Number (if you 10-12-0625	know it)		

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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.

15	The Work Under Consideration	for Pub	lication				
TO STATE OF	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1	. Grant	N					×
2	. Consulting fee or honorarium	X					X ADD
3	. Support for travel to meetings for the study or other purposes	Ø					×
4	. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	X					× ADD
5	. Payment for writing or reviewing the manuscript						ADD ×
6	. Provision of writing assistance, medicines, equipment, or administrative support	X					ADD ×



The Work Under Conside	ration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	X					ADD × ADD

Section 3.

Relevant financial activities outside the submitted work.

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Rel	evant financial activities ou	tside th	e submitt	ted work			
	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution®	Entity	Comments	
1.	Board membership	A					×
2.	Consultancy	A					ADD X
3.	Employment						ADD X
4.	Expert testimony	N					ADD ×
5.	Grants/grants pending	Z,					ADD ×
	Payment for lectures including service on speakers bureaus	A					ADD ×
	Payment for manuscript oreparation	A					ADD ×

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



Relevant financial activities ou	tside th	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
The state of the s						ADD
Patents (planned, pending or issued)	A					×
9. Royalties	A					ADD
5. noyaltes	M					× ADD
Payment for development of educational presentations	P					×
	-	_				ADD
11. Stock/stock options	4					×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	A					× ×
13. Other (err on the side of full disclosure)	A					ADD ×
* This means money that your institution ** For example, if you report a consultan	received cy above	for your eff there is no r	orts. need to report tr	avel related to that consult	ancy on this line.	ADD
Section 4. Other relations	hips					
Are there other relationships or active potentially influencing, what you wr	ities that ote in the	readers co submitte	ould perceive t d work?	o have influenced, or the	at give the appearance o	of
No other relationships/condition			그 기가		st	
Yes, the following relationships/o	condition	s/circumst	tances are pres	ent (explain below):		
At the time of manuscript acceptance On occasion, journals may ask autho	e, journa rs to disc	ls will ask a lose furthe	authors to conf er information	irm and, if necessary, up about reported relations	date their disclosure sta hips.	atements.
Hide All Ta	ble Row	s Checked	l'No'	SAVE		



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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Jørgen A. L.	rst Name)	2. Surname (Last Name) Kurtzhals		3. Effective Date (07-August-2008) 01-November-2012
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Na Kim Kristensen	me
5. Manuscript Title Kortere behandl		e infektioner hos børn		
6. Manuscript Ide	ntifying Number (if you	know it)	_	

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The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 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	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						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	✓					×		
						ADI		
2. Consultancy	✓					×		
						ADI		
3. Employment	✓					×		
						ADI		
4. Expert testimony		✓		Patientforsikringen	Honorar for møde vedr. proteseinfektioner	×		
						ADI		
5. Grants/grants pending	✓					×		
						ADI		
6. Payment for lectures including service on speakers bureaus		✓		Pfizer	Undervisning på kursus om ortopædkirurgiske infektioner	×		
						ADI		

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



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
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 ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	
Section 4. Other relationsh	nips					
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	s/circum	stances th	nat present a po	otential conflict of intere	est	
Yes, the following relationships/c						

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Kjeld Gade	rst Name)	2. Surname (Last Name) Hansen		3. Effective Date (07-August-2008) 05-November-2012
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Kim Kristensen	me
5. Manuscript Title Kortere behandl		e infektioner hos børn		
6. Manuscript Ide 10-12-0625	ntifying Number (if you	know it)	_	

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The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 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	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



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

Section 3. Relevant financial activities outside the submitted work.

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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	✓					×		
						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	✓					×		
						ADD		
Payment for lectures including service on speakers bureaus	✓					×		
						ADD		
Payment for manuscript preparation	✓					×		

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Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	
Section 4. Other relationsh	ins -					
Other relations:						

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?

 \checkmark 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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Hide All Table Rows Checked 'No'

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Section 1.	Identifying Info	ormation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Kristensen	3. Effective Date (07-August-2008) 24-October-2012
4. Are you the corresponding author?		✓ Yes No	
5. Manuscript Title Kortere behandl		ere infektioner hos børn	
6. Manuscript Ider	ntifying Number (if yo	u know it)	

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Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
				×
				ADD
				×
				ADD
				×
				ADD
				×
				ADD
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	Paid	Paid Your	Paid Your Name of Entity	Paid Your Name of Entity Comments**



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

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	✓					×		
						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					X		
						ADD		
5. Grants/grants pending	✓					×		
						ADD		
Payment for lectures including service on speakers bureaus	✓					×		
						ADD		
Payment for manuscript preparation	✓					×		

^{*} 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	side the	submit	ted work				
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
Patents (planned, pending or issued)	✓					×	
						ADD	
9. Royalties	✓					×	
						ADD	
Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×	
						ADD	
Other (err on the side of full disclosure)	✓					×	
* 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 relationsh			_				
Other relations							
Are there other relationships or activing potentially influencing, what you wro			•	to have influenced, or th	at give the appearance of		

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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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.

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Thomas	rst Name)	2. Surname (Last Name) Hoffmann		3. Effective Date (07-August-2008) 02-November-2012
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Kim Kristensen	me
5. Manuscript Title Kortere behandl		e infektioner hos børn		
6. Manuscript Ide 10-12-0625	ntifying 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	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 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	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



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

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

^{*} 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:	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
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)	✓					×
* This means money that your institution ** For example, if you report a consultand				ravel related to that consult	tancy on this line.	ADD
Section 4. Other relationsl	nips					
Are there other relationships or activ potentially influencing, what you wro				to have influenced, or th	at give the appearance o	of

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

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the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it 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 work under consideration for publication.

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

Relevant financial activities outside the submitted work.

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relationship than not to do so. that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor months prior to submission of the work. This should include all monies from sources with relevance to the submitted work Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36

agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government only list the pharmaceutical company. sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that

Other relationships.

appearance of potentially influencing, what you wrote in the submitted work. Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the



Section 1. Identifying Information	mation	THE RESERVE OF THE PERSON NAMED IN
1. Given Rame (Flat Name)	2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes No Corresp	Corresponding Author's Name Kim Kristensen
5. Manuscript Title Kortere behandling af osteoartikulære infektioner hos børn	e infektioner hos børn	
6. Manuscript Identifying Number (if you know it) 10-12-0625	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...)?

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

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



Туре	No	Paid to You	Your Institution	Name of Entity	Comments**
7. Other	A	A I			

Section 3. Relevant financial activities outside the submitted work.

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Payment for manuscript preparation	6. Payment for lectures including service on speakers bureaus	5. Grants/grants pending	4. Expert testimony	3. Employment	2. Consultancy	1. Board membership	Type of Relationship (in alphabetical order)	Relevant financial activities outside the submitted work
X	X	3	X	A.	X	M	No	tside the
							Money Paid to You	submit
							Money to Your Institution*	ted work
							Entity	A STORY OF STREET
							Comments	5 0 C - 1
×	ADD ×	ADD ×	ADD ×	ADD ×	ADD	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 outside the submitted work	side the	submitt	ed work	ok othersocie		V.
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	区					× ADD
9. Royalties	R					X ADD
10. Payment for development of educational presentations	X					×
11. Stock/stock options	X					ADD ×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	X					×
13. Other (err on the side of full disclosure)	本					ADD ×

Section 4.

Other relationships

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