



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Anna

2. Surname (Last Name)

Lewis

3. Date

23/4

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Ideopatisk pulmonal hæmoxidrose hos Tængt

6. Manuscript Identifying Number (if you know it)

Man m. Down Syndrom

Section 2. 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.)?

Are there any relevant conflicts of interest? Yes No

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 publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Section 5. Relationships not covered above

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Section 1. Identifying Information

1. Given Name (First Name) Christina Engel 2. Surname (Last Name) Høj-Hansen. 3. Date 23/4-14.

4. Are you the corresponding author? Yes No

5. Manuscript Title Ideopatisk pulmonal hemosiderose hos 7-årigt barn m. Down Syndrom

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Frødenk

2. Surname (Last Name)

Buchwald

3. Date

23/4-14

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

Ideopatisk Pulmonal hemosidrose hos 1-årigt barn m. Down Syndrom.

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Section 1. Identifying Information

1. Given Name (First Name)

Werner

2. Surname (Last Name)

Petersen.

3. Date

23/4-17.

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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