

1. Given Name (First Name) Anne-Marie	Surname (Last Name)Gerdes		3. Effective Date (07-August-2008 27-September-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nan Karin Wadt	ne
5. Manuscript Title CDKN2A-mutation hos familie med a	rveligt malignt melanom		

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...)?

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					×
2. Consulting fee or honorarium	✓					ADI X ADI
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 	7					×
5. Payment for writing or reviewing the manuscript	V					ADI ×
Provision of writing assistance, medicines, equipment, or administrative support	✓					ADI ×



The Work Under Consideration for Publication								
	Туре	No	Paid	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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Board membership	1					
2. Consultancy	V					A
3. Employment	/					
1. Expert testimony	V					A
5. Grants/grants pending	V					A
5. Payment for lectures including service on speakers bureaus	V					A
7. Payment for manuscript preparation	V					A

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

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



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
3. Patents (planned, pending or					
issued)	✓				
. Royalties					
. noyalies	V				
Payment for development of educational presentations	V				
1. Stock/stock options	V				
2. Travel/accommodations/ meeting expenses unrelated to activities listed**	V				
Other (err on the side of full disclosure)	✓				
This means money that your institution *For example, if you report a consultance Section 4. Other relationsh	y above	for your eff there is no i	orts. need to report tr	avel related to that consu	ltancy on this line.
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Are there other relationships or activity octentially influencing, what you wro				o nave influenced, or ti	nat give the appearance o
Are there other relationships or activi	te in the	e submitte	d work?		•
Are there other relationships or activity octentially influencing, what you wro	te in the	e submitte stances th	d work? at present a po	tential conflict of inter	•



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Anne-Marie Gerdes Klinikchef, professor, overlæge Klinisk Genetisk Afdeling 4062 Rigshospitalet Blegdamsvej 9 2100 København Ø



Section 1.	Identifying Inf	ormation	
1. Given Name (I Karin A. W.	First Name)	Surname (Last Name) Wadt	3. Effective Date (07-August-2008) 27-August-2013
4. Are you the co	orresponding author?	✓ Yes No	
5. Manuscript Tit CDKN2A-mutat		arveligt malignt melanom	
	entifying Number (if yo	ny kaony isi	

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...)?

No V	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	×
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The Work Under Consideration for Publication									
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**				
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7. Other	V					×			
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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	V					×			
2. Consultancy	V					ADD X			
3. Employment	V					×			
4. Expert testimony	V					ADD			
5. Grants/grants pending	V					ADD X			
Payment for lectures including service on speakers bureaus	V					ADD ×			
12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -						ADD			
7. Payment for manuscript preparation	V					×			

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



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned needline as	1					Al
8. Patents (planned, pending or issued)	V					2
) Bereikier						A
). Royalties	√					A
Payment for development of educational presentations	/					3
. Stock/stock options	V					A
. Travel/accommodations/ meeting expenses unrelated to activities listed**	V					^
Other (err on the side of full disclosure)	V					A
This means money that your institution For example, if you report a consultance Section 4. Other relations	cy above	for your eff there is no	forts. need to report travel	related to that consul	tancy on this line.	A

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

Yes, the following relationships/conditions/circumstances are present (explain below):

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.

Hide All Table Rows Checked 'No'

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Section 1.	Identifying Information								
1. Given Name (F Malene	irst Name)	2. Surname (Last Name) Djursby	3. Effective Date (07-August-2008 03-October-2013						
4. Are you the co	rresponding author?	Yes No	Corresponding Author's Name Karin Wadt						
5. Manuscript Tit CDKN2A mutat		veligt malignt melanom							
6. Manuscript Ide	entifying 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...)?

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



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

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The state of the s	244	Money	Money to	Service and the service		The second
Type of Relationship (in alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments	
1. Board membership	V					×
						ADD
2. Consultancy	1					×
						ADD
3. Employment	✓					×
						ADD
Expert testimony	✓					×
						ADD
5. Grants/grants pending	1					×
						ADD
6. Payment for lectures including service on speakers bureaus	V					×
						ADD
7. Payment for manuscript preparation	V					×

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

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



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
August Mark						AD
i. Patents (planned, pending or issued)	V					>
						ΑŒ
. Royalties	1					>
						AE
Payment for development of educational presentations	V					>
						A
. Stock/stock options	V					>
. Travel/accommodations/						A
meeting expenses unrelated to activities listed**	7					
. Other (err on the side of full	7		_			AE
disclosure)	V					
This means money that your institution For example, if you report a consultan	cy above			avel related to that consu	ultancy on this line.	Al
re there other relationships or activ	ities tha			to have influenced, or t	hat give the appearance of	
otentially influencing, what you wr	ote in th	e submitte	ed work?			
No other relationships/condition	s/circum	nstances th	nat present a po	otential conflict of inter	est	
			166			

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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.

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.

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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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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.	ldentifying Infor	mation		
1. Given Name (Fi Henrik F.	1. Given Name (First Name) 2. Surname (Last Name) Lorentzen			3. Effective Date (07-August-2008) 24-September-2013
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Na Malene Djursby	nme
5. Manuscript Titl CDKN2A-mutati		veligt malignt melanom		
6. Manuscript lde	ntifying Number (if you	know it)	_	

Section 2. The Work Under Consideration for Publication

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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	✓					×			
						ADD			
2. Consulting fee or honorarium	✓					×			
						ADD			
3. 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								
т	ype	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		✓					×	
							ADD	

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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	
1. Board membership		✓		advisory board LEO Pharma. Ingenol mebutate		×
1. Board membership		✓		advisory board Almirall. gel diclofenac (Solaraze) for actinic keratoses		×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD

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Payment for lectures including service on speakers bureaus		√		Lectures on skin cancer for LEO		×
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	√					×
						ADD
9. Royalties	✓					×
						ADD
10. Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓			Novartis. Invitation to European Academy of dermatovenerology. 2013		×
						ADD
13. Other (err on the side of full disclosure)	√					×
						ADD

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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^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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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.	ldentifying Infor	mation		
1. Given Name (Fi	. Given Name (First Name) 2. Surname (Last Name) Lotte N Krogh			3. Effective Date (07-August-2008) 22-August-2013
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Malene Djursby	nme
5. Manuscript Title CDKN2A-mutation		veligt malignt melanom		
6. Manuscript Ider	ntifying Number (if you	know it)		

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The Work Under Consideration for Publication									
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 	✓					×			
						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	\checkmark					×		
						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	✓					×		
						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	side the	submitt	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)	✓					×
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* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	

Section 4.	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	ntionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

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Fax fra : 004646147327

Fax sendt af: 35454257 Kromosomlab.RH 27-08-13 13:42 Sid: 3

27-08-13 10:31 Sid: 3/5



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Infor	mation	
1. Given Name (First Name) Are you the corresponding author?	2. Surname (Last Name) Boy 5	3. Effective Date (07-August-2008) 26 August 2013
5. Manuscript Title		
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...)?

The V	Vork Under Consideration	for Pub	lication				
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Gra	nt 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	Ø					×
2. Cor	sulting fee or honorarium			. 🗆 '.			ADD X
3. Sup	port for travel to meetings for study or other purposes						×
boa	s for participation in review witter such as data monitoring ords, statistical analysis, end nt committees, and the like	⊠					ADD ×
5. Pay	ment for writing or reviewing manuscript	X					ADD ×
6. Pro me adr	vision of writing assistance, dicines, equipment, or ninistrative support	Ø					ADD ×

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	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other		-					ADD ×

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	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
	1. Board membership	'\		** [] :			×
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-	2. Consultancy						×
		(1000)					ADD
	3. Employment	D					×
	A CONTRACTOR OF THE PARTY OF TH						ADD
	4. Expert testimony	\square		. 🗆 .			×
	100	-	2.30				ADD
	5. Grants/grants pending			· 🗆 : '			×
							ADD
	 Payment for lectures including service on speakers bureaus 						×
	* 1)	e 56 - 3	Treits C	5.200			ADD
	7. Payment for manuscript preparation	Ø					×

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Type of Relationship (in alphabetical order)	No	Money Paid to You		Entity	Comments	
B. Patents (planned, pending or issued)	Ø					A
9. Royalties	Ø	. 🗆	· 🗆			А
Payment for development of educational presentations	\square	. 🗆	Ó			A
Stock/stock options	Ø.					A
Travel/accommodations/ meeting expenses unrelated to activities listed**	N					A
Other (err on the side of full disclosure)	Ø	. 🗆 .				A
* This means money that your institution ** For example, if you report a consultan				el related to that consu	ltancy on this line,	^
Section 4. Other relations	hips			4		

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