

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Flemming

2. Surname (Last Name)  
Lander

3. Date  
11-April-2014

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Martin Rune Hansen

5. Manuscript Title  
Arbejdsbetinget astma udløst af maleinsyreanhydrid

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lander has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hans Jürgen	2. Surname (Last Name) Hoffmann	3. Date 28-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin Rune Hansen
5. Manuscript Title Arbejdsbetinget astma udløst af maleinsyreanhydrid		
6. Manuscript Identifying Number (if you know it)		

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### Section 1. Identifying Information

1. Given Name (First Name)

Henrik Albert

2. Surname (Last Name)

Kolstad

3. Date

11-April-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Martin Rune Hansen

5. Manuscript Title

Arbejdsbetinget astma udløst af maleinsyreanhydrid

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Dr. Kolstad has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Martin Rune

2. Surname (Last Name)  
Hansen

3. Date  
11-April-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Arbejdsbetinget astma udløst af maleinsyreanhydrid

6. Manuscript Identifying Number (if you know it)

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Mr. Hansen has nothing to disclose.

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### Section 1. Identifying Information

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Tina

2. Surname (Last Name)

Skjold

3. Date

11-April-2014

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 Yes No

Corresponding Author's Name

Martin Rune Hansen

5. Manuscript Title

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Vivi	2. Surname (Last Name) Schlünssen	3. Date 26-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin Rune Hansen
5. Manuscript Title Arbejdsbetinget astma udløst af maleinsyreanhydrid		
6. Manuscript Identifying Number (if you know it)		

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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.)?

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Dr. Schlünssen has nothing to disclose.

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