

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Lilian Bomme	2. Surname (Last Name) Ousager	3. Date 13-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Marie Jelsig
5. Manuscript Title Juvenil polypose syndrom – genetik, klinik og kontrol		
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 (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

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Are there any relevant conflicts of interest?  Yes  No

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

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Dr. Ousager 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)  
Niels

2. Surname (Last Name)  
Qvist

3. Date  
11-June-2013

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Anne Marie Jelsing

5. Manuscript Title  
Juvenil polypose syndrome - genetik, klinik og kontrol

6. Manuscript Identifying Number (if you know it)

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

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Dr. Qvist 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)  
Anne Marie

2. Surname (Last Name)  
Jelsig

3. Date  
14-June-2013

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Juvenil polypose syndrom - genetik, klinik og kontrol

6. Manuscript Identifying Number (if you know it)

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Dr. Jelsig 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) Pernille Mathiesen	2. Surname (Last Name) Tørring	3. Date 06-November-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Marie Jelsig
5. Manuscript Title Juvenil polypose syndrom– genetik, klinik og kontrol		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Tørring has nothing to disclose.

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1. Given Name (First Name) Inge	2. Surname (Last Name) Bernstein	3. Date 11-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Marie Jelsig
5. Manuscript Title Juvenil polypose – klinik, genetik, og kontrol		
6. Manuscript Identifying Number (if you know it)		

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