

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 six parts.

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Noergaard 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fir Katrine	ren Name (First Name) 2. Surname (Last Name)		,	3. Date 25-October-2013
4. Are you the cor	responding author?	✓ Yes	No	
5. Manuscript Title TAPS, Twin anem	e nia-polycthemia sequer	nce hos mo	onochoriske gemelli	
6. Manuscript Ider	ntifying Number (if you kn	ow it)		
Section 2.	The Work Under Co	onsiderati	ion for Publication	
any aspect of the s statistical analysis,	stitution at any time recei ubmitted work (including	ve payment but not limi	or services from a third party (government, coited to grants, data monitoring board, study defease No	
Section 3.	Relevant financial	activities	outside the submitted work.	
of compensation clicking the "Add) with entities as descri	bed in the i port relation	to indicate whether you have financial relinstructions. Use one line for each entity; and instructions that were present during the 36 n Yes Andrews No	add as many lines as you need by
Section 4.				
Section 4.	Intellectual Proper	ty Patei	nts & Copyrights	
Do you have any	patents, whether plant	ned, pendir	ng or issued, broadly relevant to the work?	? Yes 🗸 No

Noergaard 2



Section 5.	
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Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Dr. Noergaard h	as nothing to disclose.

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Zingenberg 1



Section 1.	Identifying Inform	nation	
1. Given Name (First Name) Helle		2. Surname (Last Name) Zingenberg	3. Date 09-October-2013
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Katrine Lund Nørgaard
5. Manuscript Title TAPS, Twin anae		uence hos monochoriske <u>c</u>	gemelli
6. Manuscript Ider	ntifying Number (if you kr	now it)	
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Section 3.	Polovant financial	activities outside the s	upmitted work
Place a check in to of compensation clicking the "Add	the appropriate boxes i	in the table to indicate wh ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Zingenberg 2



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Dr. Zingenberg has nothing to disclose.

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Petersen 1



Section 1. Identifying Inform	mation		
1. Given Name (First Name) Jes Reinholdt	2. Surname (Last Name) Petersen	3. Date 09-October-2013	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Katrine Lund Nørgård	
5. Manuscript Title TAPS, twin anemia-polycythemia sequ	ence hos monochoriske ge	emelli	
6. Manuscript Identifying Number (if you k	(now it)		
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Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No	

Petersen 2



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Jorgensen 1



Section 1.	Identifying Inform	nation	
Given Name (Fire Connie)	rst Name)	2. Surname (Last Name) Jorgensen	3. Date 08-October-2013
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Katrine Lund
5. Manuscript Title TAPS, Twin anem		nce hos monochoriske gei	melli.
6. Manuscript Ider	ntifying Number (if you kr	now it)	
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Maroun 1



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1. Given Name (Fii Lisa Leth	rst Name)	2. Surname (Last Name) Maroun	3. Date 21-October-2013
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Katrine Lund Nørgaard
5. Manuscript Title TAPS, Twin anen		ence hos monochoriske ge	emelli
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