



# ICMJE

INTERNATIONAL COMMITTEE of  
MEDICAL JOURNAL EDITORS

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1

#### Identifying Information

1. Given Name (First Name)

KASPER

2. Surname (Last Name)

GRANOHL

3. Effective Date (07-August-2008)

08 - FEBRUARY - 2013

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Blyforgiftning forekommer på danske arbejdspladser

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...)?

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

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X



## ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
						ADD

\* This means money that your Institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

### 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.

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.

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X





## ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="ADD"/> <input type="button" value="X"/>
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="ADD"/> <input type="button" value="X"/>
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="ADD"/> <input type="button" value="X"/>
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="ADD"/> <input type="button" value="X"/>
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="ADD"/> <input type="button" value="X"/>
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="ADD"/> <input type="button" value="X"/> <input type="button" value="ADD"/>

\* This means money that your Institution received for your efforts.

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

### 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):

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/Hide/Rows/Checked/No

SAVE



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) JOHN      2. Surname (Last Name) BANG      3. Effective Date (07-August-2008) 08 - FEBRUARY - 2013
4. Are you the corresponding author?     Yes     No
5. Manuscript Title  
BLYFORGIFTNING FOREKOMMER PÅ DANSKE ARBEJDSPLADSER
6. Manuscript Identifying Number (if you know it)

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

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						ADD
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						ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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Forfatterskabserklæringen indeholder også de obligatoriske forfatteroplysninger. Det er derfor vigtigt, at alle oplysninger skrives direkte ind i formularen – hvorefter den kan printes ud og underskrives.

Manuskriptets titel: Blyforgiftning forekommer på danske arbejdspladser.

UFL-nr. – (hvis kendt):

Artikeltipe.:

Kasuistik

Hermed erklæres og indestås for,

- at det i manuskriptet præsenterede arbejde ikke, hverken helt eller delvist, er publiceret andetsteds, og at det ikke for tiden vurderes i anden tidsskrifts-redaktion,
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- at nødvendige tilladelser til benyttelse af patient-oplysninger, laboratoriedata, billeddiagnostiske og patologiske undersøgelser osv. foreligger,
- at manuskriptet, såfremt det udgår fra en institution eller afdeling, er accepteret til fremsendelse i den foreliggende form af den ansvarlige på institutionen eller afdelingen,
- at personer og institutioner, der er nævnt i taksigel-sesafsnittet, har accepteret dette
- at det i manuskriptet præsenterede arbejde, indtil det publiceres i Ugeskriftet, på [www.ugeskriftet.dk](http://www.ugeskriftet.dk) eller afvises, ikke vil blive publiceret andetsteds, herunder i nyhedsmedier, uden forudgående aftale med redaktionen,
- at alle forfattere opfylder kriterierne for forfatterskab, jf. Vancouverreglerne, dvs. de har bidraget væsentligt til alle tre kriterier: væsentlige bidrag til idé og design, dataindsamling, eller analyse og fortolkning af data; manuskriptudarbejdelse eller kritisk, indholds-mæssig manuskriptrevision; godkendelse af det endelige manuskript. Forfattere skal opfylde alle tre kriterier,
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- at bilaget "ICMJE Form for Disclosure of Potential Conflicts of Interest" er udfyldt og indsendt sammen med "Forfatterskabserklæring"

Korrespondanceansvarlig forfatter:

Navn: Kasper Grandahl

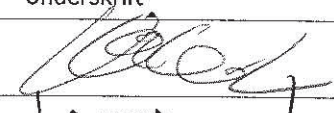
Adresse: Arbejds- & Miljømedicinsk Afdeling, Bispebjerg Hospital, Bispebjerg Bakke 23, indgang 33

Telefon i dagtimerne: 35316060

E-mail: [kgra0025@bbh.regionh.dk](mailto:kgra0025@bbh.regionh.dk)

Et forfatterskab forudsætter væsentlige bidrag til alle tre kriterier for forfatterskab jf. Vancouverreglerne nævnt ovenfor. Dette gælder også alle dem, der i multicenterstudier fremstår som forfattere. Alle andre, der har bidraget til arbejdet, og som ikke er medforfattere, skal nævnes under Taksigelser og det skal beskrives, hvad de har bidraget med. Taksigelser kan tilføjes på side 2 af dette dokument.

Manuskriptets forfattere (alle felter for hver forfatter skal udfyldes)

Navn	Institution / afdeling	Underskrift
Kasper Grandahl	Arbejds- & Miljømedicinsk Afdeling, Bispebjerg Hospital	
John Bang	Arbejds- & Miljømedicinsk Afdeling, Bispebjerg Hospital	