

	Section 1. Identifying Inform	ation			Sept 10 Sept	nggapangan kanggap
	Given Name (First Name)     Malene	2. Surname Knarborg	(Last Name)		3. Date 16-Septem	ber-2013
	4. Are you the corresponding author?	✓ Yes	No			
	Manuscript Title     Methotrexat bør overvejes som steroidl	oesparende a	agens i behandlingen a	af svær astma		
	6. Manuscript Identifying Number (if you kn	iow it)				
	Section 2 The Work Under Co	onsideratio	on for Publication		****	
	Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?	ve payment or but not limite	r services from a third pa ed to grants, data monito	rty (government, cor ring board, study de:	nmercial, priv sign, manusci	vate foundation, etc.) for ript preparation,
- 第二	Are there any relevant conflicts of intere	est? Yes	s 🗸 No	entanuer regional Arrivos - ;	ومعدس المعاصيد	and the second of the second
	Section 3. Relevant financial	activities o	utside the submitte	ed work.		
	Place a check in the appropriate boxes is of compensation) with entities as descriclicking the "Add +" box. You should repart there any relevant conflicts of interests."	n the table to bed in the in port relations	o indicate whether you structions. Use one lin	ı have financial rela e for each entity; a	dd as many	lines as you need by
	Section 4. Intellectual Proper		ts & Copyrights			
	Do you have any patents, whether plans		000.000.000.202.000.200.000.000	evant to the work?	Yes	<b>√</b> No



Section 5 Relationships not covered above	
Are there other relationships or activities that readers co potentially influencing, what you wrote in the submitte	ould perceive to have influenced, or that give the appearance of ed work?
Yes, the following relationships/conditions/circumst	tances are present (explain below):
No other relationships/conditions/circumstances the	at present a potential conflict of interest
At the time of manuscript acceptance, journals will ask a On occasion, journals may ask authors to disclose further	authors to confirm and, if necessary, update their disclosure statements. er information about reported relationships.
Section 6. Disclosure Statement	
Based on the above disclosures, this form will automatic below.	cally generate a disclosure statement, which will appear in the box
Dr. Knarborg has nothing to disclose.	/ 100 % 100 % 1 % 1 % 1
	المسأول يتحظمن وينادي الربات الانتان المنتان والمتعدد فالمتعدد والمتعدد وال
	8
Evaluation and Feedback	

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



#### **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.

### Identifying information.

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### 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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

### 4. Intellectual Property.

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

### Relationships not covered above.

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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**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

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Hilberg 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Ole	2. Surname (Last Name) Hilberg	3. Date 02-October-2013
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Malene Knarborg
5. Manuscript Title Methotrexat bør overvejes som steroi	dbesparende agens i behar	ndlingen af svær astma
6. Manuscript Identifying Number (if you	know it)	
		_
Section 2. The Work Under (	Consideration for Public	cation
	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financia	l activities outside the	submitted work.
of compensation) with entities as desc	ribed in the instructions. Use eport relationships that we	nether 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	erty Patents & Copyri	ghts
Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes V No

Hilberg 2



Section 5.	
occuron or	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	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.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Hilberg has r	nothing to disclose.

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Hilberg 3



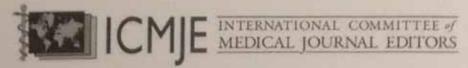
1. Given Name (First Name) Ronald	2. Surname Dahl	(Last Name)		3. Effective Date (07-August-2008 10-June-2013
4. Are you the corresponding author?	Yes	✓ No	Corresponding Author's Malene Knarborg	Name
<ol> <li>Manuscript Title</li> <li>Methotrexatbør overvejes som stero</li> </ol>	idbesparende	agens i beha	ndling af svær astma	

## 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.

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant				The Danish Ministry of Science, Technology and Innovation		,
1. Grant				ALK-Abelló,		×
1. Grant			~	Novartis		>
1. Grant			~	Boehringer Ingelhein		>
1. Grant			~	Stallergens		3
1. Grant			~	Phizer		3
1. Grant			1	Astra-Zeneca		3
						A
2. Consulting fee or honorarium		1		ALK-Abello		
2. Consulting fee or honorarium		<b>V</b>		Novartis		
2. Consulting fee or honorarium		1		Boehringer-Ingelheim		



The Work Under Consideration f	for Pub	lication			EFALLSTON.	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
Support for travel to meetings for the study or other purposes			<b>V</b>	Boehringer-Ingelheim		×
Support for travel to meetings for the study or other purposes			<b>V</b>	Novartis		×
Support for travel to meetings for the study or other purposes			V	Norpharma		×
Support for travel to meetings for the study or other purposes			<b>V</b>	MEDA		×
						ADD
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	~					×
						ADD
5. Payment for writing or reviewing the manuscript	V					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	~					×
						ADD
7. Other	1					×
						ADD

#### Section 3.

#### Relevant financial activities outside the submitted work.

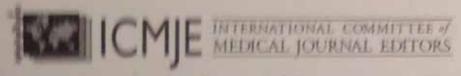
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work	STATE OF THE PERSON NAMED IN		1
Type of Relationship (in alphabetical order)	Ho	Money Paid to You	Money to Your Institution	Entity	Comments	
Type of Relaxionship (In alphabetical order)		Meney Paid to You	Money to Your Institution	Entity	Comments	
1. Board membership	7					×
Consultancy     Consultancy	V					X X
3. Employment	7					ADD X
4. Expert testimony	1					×
5. Grants/grants pending	~					ADD X
6. Payment for lectures including service on speakers bureaus	0	7		Novartis		×
Payment for lectures including service on speakers bureaus				Boehringer-Ingelheim		×
Payment for lectures including service on speakers bureaus				ALK-Abello		×
Payment for lectures including service on speakers bureaus		7		Astra-Zeneca		×
Payment for lectures including service on speakers bureaus				TEVA		×
Payment for lectures including service on speakers bureaus		V		Chiesi		×
Payment for lectures including service on speakers bureaus			0	MEDA		×
Payment for manuscript preparation	V					ADD:
8. Patents (planned, pending or issued)	~					ADD X



Royalties	1			
Payment for development of				
educational presentations	12.3			
	-			
Stock/stock options	1			
Travel accommodations/ meeting expenses unrelated to	[7]	-		
activities listed**	(4)			
Other lerr on the side of full	7			
disclosure)	15.7	-		

### 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 Table Rows Checked 'No'

SAVE

#### **Evaluation and Feedback**

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

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