



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Magnus

2. Surname (Last Name)
Gottlieb

3. Date
16-March-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title
Uventet bronkoskopisk fund ved sarkoidose

6. Manuscript Identifying Number (if you know it)

66564

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

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 publication.**

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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



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Section 5. Relationships not covered above

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Perch

3. Date

13-March-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Nina Bjarnasson

5. Manuscript Title

Uventet bronkoskopisk fund ved sarkoidose

6. Manuscript Identifying Number (if you know it)

Vpbil 66564R1

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Dr. Perch 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)

Eric

2. Surname (Last Name)

Santoni-Rugiu

3. Date

11-March-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Nina Hannover Bjarnason

5. Manuscript Title

Uventet bronkoskopisk fund ved sarkoidose

6. Manuscript Identifying Number (if you know it)

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Dr. Santoni-Rugiu 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)
Maiken Cavling
2. Surname (Last Name)
Arendrup
3. Date
06-November-2014
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Nina Hannover Bjarnason
5. Manuscript Title
Uventet bronkoskopisk fund ved sarkoidose
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Astellas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study grants paid to the institution, honoraries paid to me for giving talks
Gilead	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As above
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As above
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	honoraries for talks and participation in adv board meeting

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Dr. Arendrup reports grants and personal fees from Astellas, grants and personal fees from Gilead, grants and personal fees from Pfizer, personal fees and other from MSD, outside the submitted work; .

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1. Given Name (First Name)

Nina Hannover

2. Surname (Last Name)

Bjarnason

3. Date

16-March-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Uventet bronkoskopisk fund ved sarkoidose

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