

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
anne Lisbeth Bohr 16-February-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Autoimmun hæmolytisk anæmi ved Mycoplasmapneumoni

6. Manuscript Identifying Number (if you know it) UFL-02-15-0161

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

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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Dr. Bohr has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

THOMAS

2. Surname (Last Name)

AAGAARD

3. Date

10/3 2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

AUTOIMMUNE HEMOLYTIC ANEMIA AND MYCOPLASMA PNEUMONIA

6. Manuscript Identifying Number (if you know it)

UFL-02-15-0161

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Section 1. Identifying Information

1. Given Name (First Name) *Henrik* 2. Surname (Last Name) *Birgers* 3. Date *23 2015*
4. Are you the corresponding author? Yes No
5. Manuscript Title *Autismen hermedelst psykisk
ved hjælp af psykoanalytisk*
6. Manuscript Identifying Number (if you know it) *Ufh-02-15-016N*

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)

CHRISTIAN W

2. Surname (Last Name)

SOBOL

3. Date

2.3.2015.

4. Are you the corresponding author?

Yes No

5. Manuscript Title

AUTOIMMUN Hemolytisk Anemi V. Mycoplasma pneumoniae

6. Manuscript Identifying Number (if you know it)

UFL-02-15-0161

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