

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.

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Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

Relationships not covered above.

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

Vinther 1



| Section 1. | Identifying Inform | ation | | | |
|---|---------------------|-----------------------------------|----------------------------------|-----------------------------|--|
| 1. Given Name (First Name) Siri | | 2. Surname (Last Name) Vinther | | 3. Date 12-November-2014 | |
| 4. Are you the corresponding author? | | ✓ Yes No | | | |
| 5. Manuscript Title Laktoseholdige lægemidler til personer med laktoseintolerans | | | | | |
| 6. Manuscript Identifying Number (if you know it) | | | | | |
| | | | | | |
| Section 2. | The Work Under Co | onsideration for P | 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 Vo | | | | | |
| Section 3. | Delevent finencial | | the culturation describe | | |
| 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 Vo | | | | | |
| Section 4. | Intellectual Proper | ty Patents <u>& Co</u> | pyrights | | |
| Do you have any | | | ed, broadly relevant to the work | ? ☐ Yes ✓ No | |

Vinther 2



| Section 5. Relationships not covered above | | | |
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| Section 6. Disclosure Statement | | | |
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| Dr. Vinther has nothing to disclose. | | | |

Evaluation and Feedback

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

Vinther 3



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Rumessen 1



| Section 1. Identifying Infor | mation | | | | |
|---|------------------------------------|---|--|--|--|
| 1. Given Name (First Name) Jüri | 2. Surname (Last Name) Rumessen | 3. Date 17-November-2014 | | | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Siri Vinther | | | |
| 5. Manuscript Title Laktoseholdige lægemidler til person | er med laktoseintolerans | | | | |
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Rumessen 2



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Christensen 1



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|---|----------------------------|-------------------------------------|---|-----------|--|
| Given Name (First Name) Mikkel Bring | | Surname (Last Name) Christensen | 3. Date 17-Novem | ıber-2014 | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Siri Vinther | | |
| 5. Manuscript Title Laktoseholdige lægemidler til personer med laktoseintolerans | | | | | |
| 6. Manuscript lder | ntifying Number (if you kr | now it) | | | |
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Christensen 2



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