



ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

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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



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Section 1. Identifying Information

- | | | |
|----------------------------|------------------------|--------------|
| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
| Asta | Linauskas | 01-July-2014 |
4. Are you the corresponding author? Yes No
5. Manuscript Title
Kostens betydnng for udviklingen af reumatoid arthritis
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 (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

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Section 6. Disclosure Statement

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Dr. Linauskas has nothing to disclose

Evaluation and Feedback

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Section 1. Identifying Information

- | | | |
|---|---|-------------------------|
| 1. Given Name (First Name) Annette | 2. Surname (Last Name) de Thurah | 3. Date 14-July-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Asta Linauskas | |
| 5. Manuscript Title Kostens beydning for udviklingen af reumatoid artrittis | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

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Dr. de Thurah has nothing to disclose.

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1. Given Name (First Name)
Gerthe

2. Surname (Last Name)
Neumann Andersen

3. Date
23-July-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name
Asta Linauskas

5. Manuscript Title
Kostens betyding for udviklingen af reumatoid arthritis

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Grethe Neumann Andersen MD, PhD has no disclosures

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Section 1.

Identifying Information

1. Given Name (First Name)
Kristian

2. Surname (Last Name)
Stengaard-Pedersen

3. Date
07-July-2014

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Kostens betydhning for udviklingen af reumatoid arthritis

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Dr. Stengaard-Pedersen has nothing to disclose.

8/7-14



Kristian Stengaard-Pedersen
Professor, Overlæge, Dr. med.

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