

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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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**Other:** Anything not covered under the previous three boxes

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Anne      2. Surname (Last Name) Hammer      3. Date 09-December-2014

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Skal kvinder over 65 år også screenes for cervixcancer?

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

### Section 3. Relevant financial activities outside the submitted work.

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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
Sanofi Pateur MSD Danmark	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have received a non-restricted grant to cover expenses for HPV analyses in another study
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hammer reports grants from Sanofi Pateur MSD Danmark, from null, outside the submitted work; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jan

2. Surname (Last Name)

Blaakaer

3. Date

15-December-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anne Hammer Lauridsen

5. Manuscript Title

Skal danske kvinder over 65 år screenes for cervixcancer?

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name) Kristine	2. Surname (Last Name) Høgsbjerg	3. Date 16-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Hammer
5. Manuscript Title Skal danske kvinder over 65 år screenes for cervixcancer		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Katrine	2. Surname (Last Name) Fuglsang	3. Date 16-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Hammer
5. Manuscript Title Skal danske kvinder over 65 år screenes for cervix cancer		
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Dr. Fuglsang has nothing to disclose.

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