

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.

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2. The work under consideration for publication.

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3. 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.

5. Relationships not covered above.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sanne

2. Surname (Last Name)

Jespersen

3. Date

24-January-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

HIV hos ældre kvinder efter udlandsrejse

6. Manuscript Identifying Number (if you know it)

UFL-01-16-0022

Section 2. The Work Under Consideration for Publication

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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. Jespersen has nothing to disclose.

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) Kristina	2. Surname (Last Name) Thorsteinsson	3. Date 26-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sanne Jespersen
5. Manuscript Title Hiv hos ældre kvinder efter udlandsrejse		
6. Manuscript Identifying Number (if you know it) -		

Section 2. The Work Under Consideration for Publication

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Dr. Thorsteinsson has nothing to disclose.

Evaluation and Feedback

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kim

2. Surname (Last Name)

David

3. Date

29-January-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

HIV hos ældre kvinder efter udlandsrejse

6. Manuscript Identifying Number (if you know it)

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Dr. David has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Anne-Mette 2. Surname (Last Name) Lebech 3. Date 26-January-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Sanne Jespersen

5. Manuscript Title
HIV hos ældre kvinder efter udlandsrejse

6. Manuscript Identifying Number (if you know it)

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 If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BMS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Conference fee
BMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational material
Gilead	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Conference fee

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Dr. Lebech reports non-financial support from BMS, personal fees from BMS, non-financial support from Gilead, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Merete	2. Surname (Last Name) Storgaard	3. Date 25-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sanne Jespersen
5. Manuscript Title Hiv hos ældre kvinder efter udlandsrejse		
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Dr. Storgaard has nothing to disclose.

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