

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Sherson

3. Date
17-January-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Specifikke nasale og bronkiale provokationer i diagnosticering af arbejdsbetinget astma og rhino-conjunctivit

6. Manuscript Identifying Number (if you know it)

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Dr. Sherson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Claus Rikard	2. Surname (Last Name) Johnsen	3. Date 18-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Lee Sherson
5. Manuscript Title Specifikke nasale og bronkiale provokationer i diagnosticering af arbejdsbetinget astma og rhino-conjunctivit		
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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ellen Bøtker	2. Surname (Last Name) Pedersen	3. Date 18-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Lee Sherson
5. Manuscript Title Specifikke nasale og bronkiale provokationer i diagnosticering af arbejdsbetinget astma og rhino-conjunctivit		
6. Manuscript Identifying Number (if you know it) _____		

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Section 1. Identifying Information

1. Given Name (First Name) Hanne	2. Surname (Last Name) Madsen	3. Date 18-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Sherson
5. Manuscript Title Specifikke nasale og bronkiale provokationer i diagnosticering af arbejdsbetinget astma og rhino-conjunctivit		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jakob Hjort

2. Surname (Last Name)

Bønløkke

3. Date

19-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

David Sherson

5. Manuscript Title

Specifikke nasale og bronkiale provokationer i diagnosticering af arbejdsbetinget astma og rhino-conjunctivit

6. Manuscript Identifying Number (if you know it)

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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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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Section 6. Disclosure Statement

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Dr. Bønløkke has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lars Peter Andreas	2. Surname (Last Name) Brandt	3. Date 18-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Lee Sherson
5. Manuscript Title Specifikke nasale og bronkiale provokationer i diagnosticering af arbejdsbetinget astma og rhino-conjunctivit		
6. Manuscript Identifying Number (if you know it)		

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Dr. Brandt has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vivi 2. Surname (Last Name) Schlünssen 3. Date 18-January-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
David Sherson

5. Manuscript Title
Specifikke nasale og bronkiale provokationer i diagnosticering af arbejdsbetinget astma og rhino-conjunctivit

6. Manuscript Identifying Number (if you know it)

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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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From 2008-2014 VS performed patient evaluations for the Danish Labour Union HK Denmark.

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. Schlünssen performed from 2008-2014 patient evaluations for the Danish Labour Union HK Denmark.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jesper

2. Surname (Last Name)

Bælum

3. Date

19-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

David Sherson

5. Manuscript Title

Specifikke nasale og bronkiale provokationer i diagnosticering af arbejdsbetinget astma og rhino-conjunctivit

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Dr. Bælum has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Harald William	2. Surname (Last Name) Meyer	3. Date 19-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Sherson
5. Manuscript Title Specifikke nasale og bronkiale provokationer i diagnosticering af arbejdsbetinget astma og rhino-conjunctivit		
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