

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kia Hee Schultz

2. Surname (Last Name)
Kristensen

3. Date
13-March-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Svær underernæring hos børn, også i Danmark.

6. Manuscript Identifying Number (if you know it)
UFL-12-15-0962

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Oticon Fonden	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal travel expenses to Uganda
Knud Højgaards Fond	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal travel expenses to Uganda

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Dr. Kristensen reports grants from Oticon Fonden, grants from Knud Højgaards Fond, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Maren

2. Surname (Last Name)
Johanne Heilskov Rytter

3. Date
12-March-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Kia Hee Schultz Kristensen

5. Manuscript Title
Svær underernæring hos børn, også i Danmark

6. Manuscript Identifying Number (if you know it)
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Dr. Johanne Heilskov Rytter has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Amira	2. Surname (Last Name) Catharina Khattar Sørensen	3. Date 11-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kia Hee Schultz Kristensen
5. Manuscript Title Svær underernæring hos børn, også i Danmark		
6. Manuscript Identifying Number (if you know it) UFL-12-15-0962		

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Dr. Catharina Khattar Sørensen has nothing to disclose.

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1. Given Name (First Name)

Vibeke

2. Surname (Last Name)

Brix Christensen

3. Date

11-March-2016

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Kia Hee Schultz Kristensen

5. Manuscript Title

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Dr. Brix Christensen has nothing to disclose.

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HANIFA

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NAMUSOKE

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11-March-2016

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Corresponding Author's Name

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Dr. NAMUSOKE has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marianne	2. Surname (Last Name) Skov	3. Date 11-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kia Hee Schultz Kristensen
5. Manuscript Title Svær underernæring hos børn, også i Danmark		
6. Manuscript Identifying Number (if you know it) UFL-12-15-0962		

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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name)
Bente

2. Surname (Last Name)
Utoft Andreassen

3. Date
11-March-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Kia Hee Schultz Kristensen

5. Manuscript Title
Svær underernæring hos børn, også i Danmark

6. Manuscript Identifying Number (if you know it)
UFL-12-15-0962

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kia Hee Schultz Kristensen
5. Manuscript Title Svær underernæring hos børn, også i Danmark		
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