

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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4. Intellectual Property.

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

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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) Mette 2. Surname (Last Name) Hornum Bing 3. Date 09-August-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jimmi Elers

5. Manuscript Title
Rumperet hjørnegraviditet og efterfølgende planlagt kejsersnit ved termin

6. Manuscript Identifying Number (if you know it)
UFL-07-16-0486

Section 2. The Work Under Consideration for Publication

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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
Astellas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Teaching - honorarium

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. Hornum Bing reports other from Astellas, 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) Helle	2. Surname (Last Name) Zingenberg	3. Date 13-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jimmi Elers
5. Manuscript Title Rumperet hjørnegraviditet og heterotrop graviditet og efterfølgende planlagt kejsersnit ved termin		
6. Manuscript Identifying Number (if you know it) Id nr er: UFL-07-16-0486		

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.)?

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Dr. Zingenberg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jimmi

2. Surname (Last Name)

Elers

3. Date

07-October-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Rumperet hjørnegraviditet og heterotrop graviditet og efterfølgende planlagt kejsersnit ved termin

6. Manuscript Identifying Number (if you know it)

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Dr. Elers has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lene	2. Surname (Last Name) Paulsen	3. Date 11-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jimmi Elers
5. Manuscript Title Rumperet hjørnegraviditet og heterotop graviditet og efterfølgende planlagt kejsersnit ved termin		
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