

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Vibeke Brix

2. Surname (Last Name)
Christensen

3. Date
08-March-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Akut underernæring hos børn; den historiske udvikling i et globalt perspektiv

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Kim Flesicher | 2. Surname (Last Name) Michaelsen | 3. Date 07-March-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Vibeke Brix |
| 5. Manuscript Title Akut underernæring hos børn | | |
| 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.)?

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Dr. Michaelsen has nothing to disclose.

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1. Given Name (First Name)

Maren Johanne

2. Surname (Last Name)

Rytter

3. Date

08-March-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

vibeke brix christensen

5. Manuscript Title

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| | | |
|--|---|--|
| 1. Given Name (First Name) Henrik | 2. Surname (Last Name) Friis | 3. Date 07-March-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Vibeke Brix Christensen |
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