

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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| Section 1. | Identifying Inform | ation | | |
|--|------------------------------|--|--|--|
| 1. Given Name (Fi Elsebet | rst Name) | 2. Surname (Last Name) Østergaard | | 3. Date 26-October-2016 |
| 4. Are you the cor | responding author? | ✓ Yes No | | |
| 5. Manuscript Title Diagnostisk exol | e msekventering til udrec | Ining af syndromer | | |
| 6. Manuscript Idei | ntifying Number (if you kn | ow it) | | |
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| Section 4. | Intellectual Proper | ty Patents & Copyri | ghts | |
| Do you have any | patents, whether plani | ned, pending or issued, bı | roadly relevant to the work? | Yes 🗸 No |



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Dunø 1



| Section 1. Identifying Inform | nation | |
|--|---|--|
| 1. Given Name (First Name) Morten | 2. Surname (Last Name) Dunø | 3. Date 16-November-2016 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Elsebet Østergaard |
| 5. Manuscript Title Diagnostisk exomsekventering til udre | dning af syndromer | |
| 6. Manuscript Identifying Number (if you k UFL-10-16-0762 | now it) | |
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Ek 1



| Section 1. | Identifying Inform | nation | | |
|--|------------------------------|--|---|------------------------|
| 1. Given Name (Fii Jakob | rst Name) | 2. Surname (Last Name) Ek | 3. Date 16-Novem | nber-2016 |
| 4. Are you the corresponding author? | | Yes 🗸 No | Corresponding Author's Name Elsebet Østergaard | |
| 5. Manuscript Title Diagnostisk exor | e msekventering til udred | dning af syndromer | | |
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| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? | ✓ No |

Ek 2



| Section 5. | Market and the control of the contro | | |
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| Dr. Ek has nothing | to disclose. | | |

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Grønborg 1



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|---|------------------------------|---|--|
| 1. Given Name (Fii Sabine | rst Name) | 2. Surname (Last Name) Grønborg | 3. Date 16-November-2016 |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Elsebet Østergaard |
| 5. Manuscript Title Diagnostisk exor | e msekventering til udred | dning af syndromer | |
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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Skovby 1



| Section 1. Identifying Inforn | nation | |
|---|--|--|
| Given Name (First Name) Flemming | 2. Surname (Last Name) Skovby | 3. Date 16-November-2016 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Elsebet Østergaard |
| 5. Manuscript Title Diagnostisk exomsekventering til udre | dning af syndromer | |
| 6. Manuscript Identifying Number (if you ki UFL-10-16-0762 | now it) | |
| | | |
| Section 2. The Work Under C | onsideration for Publi | cation |
| | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, |
| Section 3. Relevant financial | activities outside the | submitted work. |
| of compensation) with entities as descr | ibed in the instructions. Us port relationships that we | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |
| Section 4. Intellectual Prope | rty Patents & Copyri | ghts |
| Do you have any patents, whether plan | ned, pending or issued, br | roadly relevant to the work? Yes V No |

Skovby 2



| Section 5. | | | | |
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| | Relationships not covered above | | | |
| | Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? | | | |
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| ✓ No other rela | ationships/conditions/circumstances that present a potential conflict of interest | | | |
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| Section 6. | | | | |
| Section 6. | Disclosure Statement | | | |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | |
| Dr. Skovby has r | nothing to disclose. | | | |

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Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Skovby 3



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.

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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent



| Section 1. Identifying Inform | nation | |
|---|--|----------------------------|
| 1. Given Name (First Name) Elsebet | 2. Surname (Last Name) Østergaard | 3. Date 26-October-2016 |
| 4. Are you the corresponding author? | ✓ Yes No | |
| 5. Manuscript Title Diagnostisk exomsekventering til udred | dning af syndromer | |
| 6. Manuscript Identifying Number (if you know it) UFL-10-16-0762 | | |
| | | |
| Section 2. The Work Under Consideration for Publication | | |
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| Section 6. Disclosure Statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Østergaard has nothing to disclose. |

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