

ICMJE Uniform Disclosure Form for 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 has five parts.

1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

Please provide 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 idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it 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 to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

3. Relevant financial activities outside the submitted work.

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5. Nonfinancial associations.

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Yes, specify nature of compensation

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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your institution | Entity | Comments | |
|--|-------------------------------------|--------------------------|---------------------------|--------|----------|-------|
| Board membership | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
| | | | | | | Add + |
| Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
| | | | | | | Add + |
| Employment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
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| Expert testimony | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del × |
| | | | | | | Add + |
| Gifts | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del × |
| | | | | | | Add + |
| Grants/grants pending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del × |
| | | | | | | Add + |
| Honoraria | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del × |
| | | | | | | Add + |
| Payment for manuscript preparation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del × |
| | | | | | | Add + |
| Patents (planned, pending or issued) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del × |
| | | | | | | Add + |
| Royalties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del × |
| | | | | | | Add + |
| Payment for development of educational presentations including service on speakers' bureaus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del × |
| | | | | | | Add + |
| Stock/stock options | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del × |
| | | | | | | Add + |
| Travel/accommodations expenses covered or reimbursed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del × |
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| Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del × |
| | | | | | | Add + |

Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

- No other relationships/conditions/circumstances that present potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):



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Section 5. Information about relevant nonfinancial associations.

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Neurocritical Care

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|--|-------------------------------------|--------------------------|---------------------------|--------|----------|-------|
| Board membership | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
| | | | | | | Add + |
| Consultancy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
| | | | | | | Add + |
| Employment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
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| | | | | | | Add + |
| Gifts | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
| | | | | | | Add + |
| Grants/grants pending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
| | | | | | | Add + |
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| | | | | | | Add + |
| Payment for manuscript preparation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
| | | | | | | Add + |
| Patents (planned, pending or issued) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
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| | | | | | | Add + |
| Travel/accommodations expenses covered or reimbursed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
| | | | | | | Add + |
| Other (err on the side of full disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
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| | | | | | | Add + |
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| | | | | | | Add + |
| Gifts | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Del x |
| | | | | | | Add + |
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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Karen Louise | 2. Surname (Last Name) Thomsen | 3. Date 06-November-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Henning Grønbæk |
| 5. Manuscript Title Findes non-alkoholisk steatohepatitis (NASH) hos børn og unge og er det et klinisk problem? | | |
| 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.)?

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Thomsen has nothing to disclose.

Evaluation and Feedback

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

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.

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".

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.

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

5. 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Other: Anything not covered under the previous three boxes

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Konstantin | 2. Surname (Last Name) Kazankov | 3. Date 06-November-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Henning Grønbaek |
| 5. Manuscript Title Findes non-alkoholisk steatohepatitis (NASH) hos børn og unge og er det et klinisk problem? | | |
| 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.)?

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

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kazankov has nothing to disclose.

Evaluation and Feedback

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elisabeth

2. Surname (Last Name)
Stenbøg

3. Date
08-November-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Henning Grønbaek

5. Manuscript Title

Findes non-alkoholisk steatohepatitis (NASH) hos børn og unge og er det et klinisk problem?

6. Manuscript Identifying Number (if you know it)

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Dr. Stenbøg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Henning 2. Surname (Last Name) Grønbæk 3. Date 11-August-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Findes non-alkoholisk steatohepatitis (NASH) hos børn og unge og er det et klinisk problem?

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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 |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NOVO Nordisk Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| IPSEN | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| NOVARTIS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ABBVIE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Dr. Grønbæk reports grants from NOVO Nordisk Foundation, during the conduct of the study; grants from IPSEN, grants from NOVARTIS, grants from ABBVIE, outside the submitted work; .

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