



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Filip Krag

2. Surname (Last Name)
Knop

3. Date
01-October-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Julefrokostdilemmaet

6. Manuscript Identifying Number (if you know it)

69590

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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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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Section 6. Disclosure Statement

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Dr. Knop has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Amalie Rasmussen

2. Surname (Last Name)
Lannng

3. Date
28-September-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Filip Krag Knop

5. Manuscript Title
Julefrokostdilemmaet!

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Lærke Smidt

2. Surname (Last Name)
Gasbjerg

3. Date
01-October-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Filip Krag Knop

5. Manuscript Title
Julefrokostdilemmaet!

6. Manuscript Identifying Number (if you know it)

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