

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.

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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

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Morten Toft

2. Surname (Last Name)
Lund

3. Date
21-March-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Kredsløbsændringer ved overvægt i barndommen

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Lund has nothing to disclose.

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)

Niels-Henrik

2. Surname (Last Name)

Holstein-Rathlou

3. Date

22-March-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Morten Toft Lund

5. Manuscript Title

Kredsløbet ændres ved overvægt i barndommen

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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Dr. Holstein-Rathlou has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Jespersen	3. Date 21-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morten Toft Lund
5. Manuscript Title Kredsløbet ændres ved overvægt i barndommen		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Jens-Christian	2. Surname (Last Name) Holm	3. Date 27-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morten Toft Lund
5. Manuscript Title Kredsløbet ændres ved overvægt i barndommen		
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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
Foredragsholder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honorar
Kursusarrangør	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honorar

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Dr. Holm reports personal fees from Foredragsholder, personal fees from Kursusarrangør, outside the submitted work; .

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