

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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Amanda

2. Surname (Last Name)

Kvist-Hansen

3. Date

29-June-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Peter Riis Hansen

5. Manuscript Title

Psoriasis komorbiditet: Epidemiologi og kliniske konsekvenser

6. Manuscript Identifying Number (if you know it)

UFL-05-17-0352

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Are there any relevant conflicts of interest?

 Yes No

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Are there any relevant conflicts of interest?

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Section 4. Intellectual Property -- Patents & Copyrights

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

Dr. Kvist-Hansen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Hannah

2. Surname (Last Name)

Kaiser

3. Date

03-July-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Peter Riis Hansen

5. Manuscript Title

Psoriasis komorbiditet: Epidemiologi og kliniske konsekvenser

6. Manuscript Identifying Number (if you know it)

UFL-05-17-0352

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Dr. Kaiser has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lone	2. Surname (Last Name) Skov	3. Date 07-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter Riis Hansen
5. Manuscript Title Psoriasis komorbiditet: Epidemiologi og kliniske konsekvenser		
6. Manuscript Identifying Number (if you know it) UFL-05-17-0352		

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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
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker
LEO Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker
pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisor board
Novatis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisor board
LEO Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisor board
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisor board

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Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrestricted grant
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrestricted grant
Janssen Cilag	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrestricted grant
Novatis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrestricted grant

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Dr. Skov reports personal fees from Abbvie, personal fees from Eli Lilly, personal fees from LEO Pharma, personal fees from pfizer, personal fees from Abbvie, personal fees from Novatis, personal fees from LEO Pharma, personal fees from Sanofi, personal fees from Eli Lilly, grants from Pfizer, grants from Sanofi, grants from Janssen Cilag, grants from Novatis, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Peter Riis

2. Surname (Last Name)
Hansen

3. Date
06-July-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Psoriasis komorbiditet: Epidemiologi og kliniske konsekvenser

6. Manuscript Identifying Number (if you know it)
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