

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Anne-Marie

2. Surname (Last Name)

Gerdes

3. Date

22-January-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Familie med nedarvet DICER1-mutation

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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?

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Gerdes has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Mays	2. Surname (Last Name) Altaraihi	3. Date 12-October-1995
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anne-Marie Gerdes
5. Manuscript Title A family with germline DICER1 mutation		
6. Manuscript Identifying Number (if you know it) UFL-08-17-0604		

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

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
The Danish Cancer Society	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A scholarship from the Danish Cancer Society

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Dr. Altaraihi reports personal fees from null, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jens

2. Surname (Last Name)

Pedersen

3. Date

19-January-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

En familie med nedarvet DICER1 mutation

6. Manuscript Identifying Number (if you know it)

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Dr. Pedersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Maria	2. Surname (Last Name) Rossing	3. Date
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anne-Marie Gerdes,
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it)		

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Dr. Rossing has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Karin A. W.

2. Surname (Last Name)

Wadt

3. Date

19-January-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Anne-Marie Gerdes

5. Manuscript Title

En familie med nedarvet DICER1 mutation

6. Manuscript Identifying Number (if you know it)

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Dr. Wadt has nothing to disclose.

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