

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)

Jannik

2. Surname (Last Name)

Helweg-larsen

3. Date

02-November-2017

4. Are you the corresponding author?

 Yes

No

Corresponding Author's Name

Sussi Bagge Mortensen

5. Manuscript Title

Periodiske feber syndromer – sygdomspræsentation, patogenese, diagnostik og behandling

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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Are there any relevant conflicts of interest? 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. Helweg-larsen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Ann-Brit Eg

2. Surname (Last Name)

Hansen

3. Date

01-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Sussi Bagge Mortensen

5. Manuscript Title

Periodiske febersyndromer

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.)?

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Dr. Hansen has nothing to disclose.

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1. Given Name (First Name) Sussi Bagge

2. Surname (Last Name) Mortensen

3. Date 01-November-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Periodiske feber syndromer – sygdomspræsentation, patogene, diagnostik og behandling

6. Manuscript Identifying Number (if you know it)

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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
Sobi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frikøb i 14 dage

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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Dr. Mortensen reports grants from Sobi, outside the submitted work; .

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Isik Somuncu

2. Surname (Last Name)

Johansen

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01-November-2017

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Corresponding Author's Name

Sussi Bagge Mortensen

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