

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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Karen Rokkedal

2. Surname (Last Name)
Lausch

3. Date
04-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Prevalence and predictors of Rotavirus among adults hospitalized for acute gastroenteritis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Lausch has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lena

2. Surname (Last Name)

Westh

3. Date

10-May-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Karen Rokkedal Lausch

5. Manuscript Title

Prevalence and predictors of Rotavirus among adults hospitalized for acute gastroenteritis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lena	2. Surname (Last Name) Hagelskjaer Kristensen	3. Date 09-May-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen Rokkedal Lausch
5. Manuscript Title Prevalence and predictors of Rotavirus among adults hospitalized for acute gastroenteritis		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Hagelskjaer Kristensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jens	2. Surname (Last Name) Lindberg	3. Date 18-May-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen Rokkedal Lausch
5. Manuscript Title Prevalence and predictors of Rotavirus among adults hospitalized for acute gastroenteritis		
6. Manuscript Identifying Number (if you know it)		

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Dr. Lindberg has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Britta	2. Surname (Last Name) Tarp	3. Date 05-May-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen Rokkedal Lausch
5. Manuscript Title Prevalence and predictors of Rotavirus among adults hospitalized for acute gastroenteritis		
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Karen Rokkedal Lausch

5. Manuscript Title
Prevalence and predictors of Rotavirus among adults hospitalized for acute gastroenteritis

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

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.

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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. Larsen reports grants from Sanofi Pasteur MSD Denmark , during the conduct of the study; .

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