

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Nis

2. Surname (Last Name)

Brix

3. Date

03-June-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Childhood asthma after emergency caesarean section: a twin cohort study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Brix has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lonny

2. Surname (Last Name)
Stokholm

3. Date
03-June-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Nis Brix

5. Manuscript Title
Childhood asthma after emergency caesarean section: a twin cohort study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Stokholm has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Fjola	2. Surname (Last Name) Jonsdottir	3. Date 03-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nis Brix
5. Manuscript Title Childhood asthma after emergency caesarean section: a twin cohort study		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)

Kim

2. Surname (Last Name)

Kristensen

3. Date

03-June-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Nis Brix

5. Manuscript Title

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Niels Jørgen

2. Surname (Last Name)
Secher

3. Date
03-June-2016

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Yes No

Corresponding Author's Name
Nis Brix

5. Manuscript Title
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