

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ida Charlotte Bay

2. Surname (Last Name)

Lund

3. Date

15-November-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Preferences for prenatal testing among pregnant women, partners and health professionals

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Lund has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Naja

2. Surname (Last Name)
Becher

3. Date
15-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ida Charlotte Bay Lund

5. Manuscript Title
Preferences for prenatal testing among pregnant women, partners and health professionals

6. Manuscript Identifying Number (if you know it)

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Dr. Becher has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Olav	2. Surname (Last Name) Petersen	3. Date 15-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ida Charlotte Bay Lund
5. Manuscript Title Preferences for prenatal testing among pregnant women, partners and health professionals		
6. Manuscript Identifying Number (if you know it)		

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Dr. Petersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Melissa	2. Surname (Last Name) Hill	3. Date 15-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ida Charlotte Bay Lund
5. Manuscript Title Preferences for prenatal testing among pregnant women, partners and health professionals		
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Melissa Hill has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lyn	2. Surname (Last Name) Chitty	3. Date 15-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ida Charlotte Bay Lund
5. Manuscript Title Preferences for prenatal testing among pregnant women, partners and health professionals		
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Dr. Chitty has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ida Charlotte Bay Lund
5. Manuscript Title Preferences for prenatal testing among pregnant women, partners and health professionals		
6. Manuscript Identifying Number (if you know it)		

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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. Vogel has nothing to disclose.

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