

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.

Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

Andersen 1



Section 1. Identifying Inform	nation					
Given Name (First Name) Charlotte	2. Surname (Last Name) Andersen	3. Date 23-November-2017				
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name				
5. Manuscript Title Hvilke patienter med KOL skal udredes	for osteoporose?					
6. Manuscript Identifying Number (if you k	script Identifying Number (if you know it)					
Section 2. The Work Under C	Consideration for Public	cation				
Did you or your institution at any time rece	eive payment or services from g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,				
Section 3. Polyment financial						
Relevant financial	activities outside the s	submitted work.				
of compensation) with entities as descri	ribed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.				
or mice	1.03					
Section 4. Intellectual Prope	rty Patents & Copyri	ghts				
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No				

Andersen 2



Section 5. Relationships not sovered above
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Section 6. Disclosure Statement
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Andersen has nothing to disclose.

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Andersen 3



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Hilberg 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Hilberg	3. Date 27-November-2017
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Anders Løkke
5. Manuscript Title Hvilke patienter	e med KOL skal udredes	for osteoporose?	
6. Manuscript lder	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.
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Hilberg 2



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Løkke 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Anders	rst Name)	2. Surname (Last Nam Løkke	e)	3. Date 27-November-2017			
4. Are you the cor	responding author?	✓ Yes No					
5. Manuscript Title Hvilke patienter	e med KOL skal udredes	for osteoporose?					
6. Manuscript Ider	script Identifying Number (if you know it)						
Section 2.	The Work Under Co	onsideration for Pu	ıblication				
any aspect of the s statistical analysis,	titution at any time recei ubmitted work (including	ve payment or services to but not limited to grant	from a third party (government, co	ommercial, private foundation, etc.) for esign, manuscript preparation,			
Section 3.	Relevant financial	activities outside t	he submitted work.				
of compensation clicking the "Add	the appropriate boxes i) with entities as descri	n the table to indicate bed in the instruction port relationships that	whether you have financial rel	lationships (regardless of amount add as many lines as you need by nonths prior to publication.			
Section 4.	Intellectual Proper	ty Patents & Con	vriahts				
Do you have are	•			2 Vos Z No			
Do you have any	paterits, whether plant	iea, penaing or issue	d, broadly relevant to the work?	? ☐ Yes ✓ No			

Løkke 2



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Johansen 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Nina Järvelä	rst Name)	2. Surname (Last Name) Johansen	3. Date 22-November-2017		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Anders Løkke		
5. Manuscript Title Hvilke patienter	e med KOL skal udredes	for osteoporose?			
6. Manuscript Ider	ntifying Number (if you kr	now it)			
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Johansen 2



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Johansen 3



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Harsløf 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Torben	2. Surname (Last Name) Harsløf	3. Date 28-November-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Anders Løkke Ottesen
5. Manuscript Title		
Hvilke patienter med KOL skal udredes 6. Manuscript Identifying Number (if you k		
Section 2. The Week Under C	·	
The work onder C	ionsideration for Public	
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
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Name of Entity	Grant? Personal No	n-Financial Other? Comments
Name of Entity	Fees? S	upport? Comments
ecture fee from Amgen		
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hermann 1



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1. Given Name (First Nam pernille	, ,		ne (Last Name)			3. Date 08-Decembe	er-2017	
4. Are you the correspond	ding author?	Yes	✓ No		ding Author's N okke Ottesen	lame		
5. Manuscript Title Osteoporose hos patie	nter med KOL							
6. Manuscript Identifying	Number (if you kno	ow it)						
Section 2. The	Work Under Co	nsiderat	ion for Publi	cation				
Did you or your institution any aspect of the submitte statistical analysis, etc.)?								c.) for
Are there any relevant	conflicts of interes	st? Y	'es ✓ No					
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Name of Entity		Grant?	Personal No Fees?	n-Financial upport	Other? Co	omments		
Advisory Board Amgen			✓					
Advisory Board Lilly			✓					
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Do you have any paten					ant to the week	k? Yes	√ No	
Do you have any paten	is, whether plann	eu, pendi	ing or issued, D	oauly releva	int to the worl	v: 162	▼ NO	

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