

#### 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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### 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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Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

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earning royalties or not Royalties: Funds are coming in to you or your institution due to your

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

Nybo Andersen 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Anne-Marie		2. Surname (Last Name) Nybo Andersen		Date -November-2013	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Ester Garne		
5. Manuscript Title Major congenital anomalies in a Danish region					
6. Manuscript Ider UFL-11-13-0665	ntifying Number (if you kr	now it)			
			_		
Section 2.	The Work Under C	onsideration for Public	ation		
Did you or your institution <b>at any time</b> 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					
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Proper	rty Patents & Copyrig	ıhts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No	

Nybo Andersen 2



Section 5.				
	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?			
Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest			
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			

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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Nybo Andersen 3



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Garne 1



Section 1.	Identifying Inform	ation				
1. Given Name (Firs		Surname (Last Name)	)		3. Date	
Ester		Garne			15-Novemb	per-2013
4. Are you the corresponding author?		✓ Yes No				
5. Manuscript Title Major congenital	5. Manuscript Title Major congenital anomalies in a Danish region - prevalence, fetal and infant mortality and chronic maternal diseases					
6. Manuscript Ident	ifying Number (if you kn	ow it)				
Section 2.	The Work Under Co	onsideration for Puk	olication			
any aspect of the su statistical analysis, e	bmitted work (including tc.)?	ve payment or services fro but not limited to grants,	data monitoring			
•	vant conflicts of intere	est?   ✓ Yes    No ormation below. If you h		n one entity pi	ress the "ADD'	" button to add a row.
	e removed by pressing					
Name of Institution	on/Company	Grant? Personal Fees?	Ion-Financial Support	Other? Co	omments	
EU: FP7 framework: EU HEALTH-F5-2011-2605	-	<b>V</b>				
Section 3.	Relevant financial	activities outside th	e submitted	work.		
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Are there any relevant conflicts of interest? Yes Vo						
Section 4.	Intellectual Proper	ty Patents & Copy	rights			
Do you have any p	patents, whether plani	ned, pending or issued,	broadly releva	ant to the wor	k? Yes	✓ No

Garne 2



Section 5.					
Section 5.	Relationships not covered above				
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?				
Yes, the follo	Yes, the following relationships/conditions/circumstances are present (explain below):				
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.				
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Birkelund 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Anne Sofie	rst Name)	2. Surname (Last Name Birkelund	)	3. Date 17-November-2013
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Ester Garne	g Author's Name
5. Manuscript Title Major congenita		region - prevalence, fe	tal and infant mort	tality and chronic maternal diseases
6. Manuscript Ider UFL-11-13-0665	ntifying Number (if you kn	now it)		
Section 2.	The Work Under Co	onsideration for Pul	olication	
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	est? Yes No prmation below. If you I g the "X" button.	data monitoring bo  nave more than on	vernment, commercial, private foundation, etc.) for overland, study design, manuscript preparation, see entity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Ot	ther? Comments
Region of Southern D	enmark	<b>✓</b>		
	l			
Section 3.	Relevant financial	activities outside th	e submitted wo	rk.
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Birkelund 2



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Dr. Birkelund reports grants from Region of Southern Denmark, during the conduct of the study; .

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Hansen 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Anne Vinkel	2. Surname (Last Name) Hansen		3. Date 15-November-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author Ester Garne	r's Name
5. Manuscript Title Major congenital anomalies in a Danish	region - prevalence, fetal	and infant mortality ar	nd chronic maternal diseases
6. Manuscript Identifying Number (if you kn	ow it)		
		_	
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, danst? Yes No rmation below. If you hav	ta monitoring board, stud	dy design, manuscript preparation,
Name of Institution/Company	Grant? Personal Nor	n-Financial other?	Comments
EU: FP7 framework: EUROmediCAT study HEALTH-F5-2011-260598	<b>✓</b>		
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Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the w	vork? Yes V No

Hansen 2



Caratteria P				
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A. Hansen report the study; .	ts grants from EU: FP7 framework: EUROmediCAT study HEALTH-F5-2011-260598, during the conduct of			

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