

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Maja Dahl

2. Surname (Last Name)

Langhoff

3. Date

28-March-2014

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Domestic exposure to asbestos in women with malignant mesothelioma of the pleura

6. Manuscript Identifying Number (if you know it)

UFL-03-14-0192

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Langhoff has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maren	2. Surname (Last Name) Brøndberg Kragh-Thomsen	3. Date 28-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Maja Dahl Langhoff
5. Manuscript Title Domestic exposure to asbestos in women with malignant mesothelioma of the pleura		
6. Manuscript Identifying Number (if you know it) UFL-03-14-0192		

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

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Dr. Brøndberg Kragh-Thomsen has nothing to disclose.

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1. Given Name (First Name)
Sharleny

2. Surname (Last Name)
Stanislaus

3. Date
28-March-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Maja Dahl Langhoff

5. Manuscript Title
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Ulla

2. Surname (Last Name)

Møller Weinreich

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28-March-2014

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☐ Yes

☒ No

Corresponding Author's Name

Maja Dahl Langhoff

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