

#### 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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#### 3. Relevant financial activities outside the submitted work.

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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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Section 1.		
Identifying Infor	mation	
1. Given Name (First Name) Dorte	2. Surname (Last Name) Lildballe	3. Date 08-January-2014
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Diagnostic performance of qfPCR in hi	gh-risk pregnancies after combined first trimester scr	reening
6. Manuscript Identifying Number (if you k	(now it)	
Section 2. The Work Under O	Consideration for Publication	
any aspect of the submitted work (includin statistical analysis, etc.)?	eive payment or services from a third party (government, c ig but not limited to grants, data monitoring board, study c	
Are there any relevant conflicts of inte	rest? Yes 🖌 No	
Section 3. Delevent financia		
Relevant financia	l activities outside the submitted work.	
of compensation) with entities as desc clicking the "Add +" box. You should re	in the table to indicate whether you have financial reribed in the instructions. Use one line for each entity; eport relationships that were <b>present during the 36</b>	add as many lines as you need by
Are there any relevant conflicts of inte	rest? Yes 🗸 No	

# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	√   N	٧o
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## Section 6. Disclosure Statement

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Dr. Lildballe has nothing to disclose.

#### **Evaluation and Feedback**



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1. Given Name (First Name) Olav Bjørn	2. Surname (Last Name) Pedersen	3. Date 08-May-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dorte Lildballe
<ol> <li>Manuscript Title</li> <li>Diagnostic performance of qf-PCR in</li> <li>Manuscript Identifying Number (if you</li> </ol>		r combined first trimester screening

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.)?

✓ No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes 🗸 No

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1. Given Name (First Name) Else Marie	2. Surname (Last Name) Vestergaard	3. Date 08-May-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dorte Lildballe
5. Manuscript Title Diagnostic performance of qf-PCR in	high-risk pregnancies afte	r combined first trimester screening
6. Manuscript Identifying Number (if you UFL-08-14-0424	know it)	

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1. Given Name (First Name) Ida	2. Surname (Last Nan Vogel	ne) 3. Date 08-May-2014
4. Are you the corresponding	g author? Yes 🖌 No	Corresponding Author's Name Dorte Lildballe
5. Manuscript Title Diagnostic performance o	f qf-PCR in high-risk pregnancies a	fter combined first trimester screening
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