

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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



Section 1. Identifying Inform	nation	
Given Name (First Name) Steffen	2. Surname (Last Name) Bank	3. Date 20-June-2014
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Anti-TNF therapy in Danish patients wit	th inflammatory bowel diseases in	clinical practice
6. Manuscript Identifying Number (if you kr UFL-06-14-0315	now it)	
Section 2. The Work Under Co	onsideration for Publication	
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Section 4. Intellectual Proper	ty Patents & Copyrights	
Do you have any patents, whether plans	ned, pending or issued, broadly rel	evant to the work? Yes Vo



Relationships not covered above
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nas nothing to disclose.
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Evaluation and Feedback



Section 1. Identifying Inform	nation	
Given Name (First Name) Paal Skytt	2. Surname (Last Name) Andersen	3. Date 02-July-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steffen Bank
5. Manuscript Title Anti-TNF therapy in Danish patients wi	th inflammatory bowel dis	eases in clinical practice
6. Manuscript Identifying Number (if you k UFL-06-14-0315	now it)	
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Section 4. Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether plan		



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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Johan	2. Surname (Last Nam Burisch	e)	3. Date 23-June-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Steffen Bank	s Name
5. Manuscript Title Anti-TNF therapy in Danish patients wit	h inflammatory bowel	diseases in clinical practice	9
6. Manuscript Identifying Number (if you kn UFL-06-14-0315	ow it)		
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Name of Entity	Grant? Personal Fees?	Support? Other?	Comments
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Section 4. Intellectual Property Patents & Copyrights
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Dr. Burisch reports personal fees from Pfizer, personal fees from Tillots, personal fees from MSD, personal fees from Almirall, personal fees from AbbVie, outside the submitted work;

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Section 1. Identifying Inform	nation	
Given Name (First Name) Natalia	2. Surname (Last Name) Pedersen	3. Date 20-June-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steffen Bank
5. Manuscript Title Anti-TNF therapy in Danish patients wit	th inflammatory bowel dis	eases in clinical practice
6. Manuscript Identifying Number (if you kr UFL-06-14-0315	now it)	
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Dr. Pedersen h	as nothing to disclose.
	Medersen, 20.06.14

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Section 1. Identifying Inform	ation	
Given Name (First Name) Stine	2. Surname (Last Name) Roug	3. Date 21-July-2014
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Steffen Bank
5. Manuscript Title Anti-TNF therapy in Danish patients with	n inflammatory bowel dise	eases in clinical practice
6. Manuscript Identifying Number (if you kno UFL-06-14-0315	ow it)	
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Dr. Roug has no	othing to disclose.

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Section 1	mation	
1. Given Name (First Name)	2. Surname (Last Name) Galsgaard	3. Date
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Steffen Bank
Manuscript Title Anti-TNF therapy in Danish patients wi	th inflammatory bowel dis	eases in clinical practice
6. Manuscript Identifying Number (if you k UFL-06-14-0315	now it)	
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Section 1. Identifying Inform	nation	
Given Name (First Name) Stine Ydegaard	2. Surname (Last Name) Turiño	3. Date 16-July-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Steffen Bank
5. Manuscript Title Anti-TNF therapy in Danish patients wit	th inflammatory bowel dis	eases in clinical practice
6. Manuscript Identifying Number (if you kr UFL-06-14-0315	now it)	
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Dr. Turiño has nothing to disclose.

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Section 1. Identifying Inform	nation		
Given Name (First Name) Jacob Broder	2. Surname (Last Name) Brodersen 3. Date 23-June-2014		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Steffen Bank	
5. Manuscript Title Anti-TNF therapy in Danish patients wit	ch inflammatory bowel dis	eases in clinical practice	
6. Manuscript Identifying Number (if you kr UFL-06-14-0315	now it)		
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Dr. Brodersen ha	s nothing to disclose.			

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1. Given Name (First Name)	2. Surname (Last Name)	3. Date 14 - 8 - 14 .
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steffen Bank
5. Manuscript Title Anti-TNF therapy in Danish patients wi	ith inflammatory bowel dis	eases in clinical practice
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nothing to disclose

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Sara Højslev	2. Surname (Last Name) Avlund		3. Date 22-June-2014
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Nan Steffen Bank	ne
5. Manuscript Title Anti-TNF therapy in Danish patients wit	h inflammatory bowel dis	eases in clinical practice	
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Dr. Avlund has no	thing to disclose.			

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Section 1. Identifying Inform	nation		
Given Name (First Name) Thomas	2. Surname (Last Name) Olesen		Date August-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steffen Bank	
5. Manuscript Title Anti-TNF therapy in Danish patients wit	h inflammatory bowel dis	eases in clinical practice	
6. Manuscript Identifying Number (if you kr UFL-06-14-0315	now it)		
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Dr. Olesen has noth	ning to disclose.			

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Hans Jürgen	2. Surname (Last Name) Hoffmann	3. Date 20-June-2014	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steffen Bank	
5. Manuscript Title Anti-TNF therapy in Danish patients wit	th inflammatory bowel dis	eases in clinical practice	
6. Manuscript Identifying Number (if you kr UFL-06-14-0315	now it)		
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Dr. Hoffmann has nothing to disclose.

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Section 1. Identifying Inform	ation	
identifying inform	ation	
Given Name (First Name) Marianne Kragh	2. Surname (Last Name) Thomsen	3. Date 04-July-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Steffen Bank
5. Manuscript Title Anti-TNF therapy in Danish patients with	h inflammatory bowel dise	ases in clinical practice
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Dr. Marianne Kra	gh Thomsen has nothing to disclose.	
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Section 1. Identifying Inform	nation	
Given Name (First Name) Vibeke Østergaard	2. Surname (Last Name) Thomsen	3. Date 03-August-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steffen Bank
5. Manuscript Title Anti-TNF therapy in Danish patients wit	h inflammatory bowel dis	eases in clinical practice
6. Manuscript Identifying Number (if you kn UFL-06-14-0315	now it)	
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Section 1. Identifying Info	rmation	
1. Given Name (First Name) Bjørn	2. Surname (Last Name)	3. Date 22-June–2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Steffen Bank
Manuscript Title Anti-TNF therapy in Danish patients v	with inflammatory bowel dis	eases in clinical practice
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Given Name (First Name) Ulla	2. Surname (Last Name) Vogel	3. Date 01-July-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steffen Bank
5. Manuscript Title Anti-TNF therapy in Danish patients wit	th inflammatory bowel dis	eases in clinical practice
6. Manuscript Identifying Number (if you kr UFL-06-14-0315	now it)	
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Section 1. Identifying Inform	ation	
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