

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.

1. Identifying information.

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.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kirsten 2. Surname (Last Name) Lykke 3. Date 05-November-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
 Health assessments in preschool children
 - preventive health examinations in Danish general practice

6. Manuscript Identifying Number (if you know it)

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Post-doc stipendier i almen medicin-Danmark, Novo Nordisk Fonden	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Lykke reports grants from Post-doc stipendier i almen medicin-Danmark, Novo Nordisk Fonden, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Anette

2. Surname (Last Name) _____ Graungaard

3. Date _____ 05-November-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name _____ Kirsten Lykke

5. Manuscript Title
Health assessments in preschool children
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Post-doc stipendier i almen medicin-Danmark, Novo Nordisk Fonden	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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1. Given Name (First Name) Ruth 2. Surname (Last Name) Ertmann 3. Date 05-November-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name
Kirsten Lykke

5. Manuscript Title
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1. Given Name (First Name)
Susanne

2. Surname (Last Name)
Reventlow

3. Date
05-November-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Kirsten Lykke

5. Manuscript Title
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- preventive health examinations in Danish general practice

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Dr. Reventlow has nothing to disclose.

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