

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rasmus Rude

2. Surname (Last Name)
Laub

3. Date
12-December-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Interventional pulmonology: Is routine tuberculosis examination indicated in a low incidence area?

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

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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. Laub has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pradeesh	2. Surname (Last Name) Sivapalan	3. Date 02-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rasmus Rude Laub
5. Manuscript Title Interventional pulmonology: Is routine tuberculosis examination indicated in a low incidence area?		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sivapalan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jon Torgny R.

2. Surname (Last Name)
Wilcke

3. Date
02-December-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Rasmus Rude Laub

5. Manuscript Title
Interventional pulmonology: Is routine tuberculosis examination indicated in a low incidence area?

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Erik	2. Surname (Last Name) Svensson	3. Date 11-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rasmus Rude Laub
5. Manuscript Title Interventional pulmonology: Is routine tuberculosis examination indicated in a low incidence area?		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)
Paul Frost

2. Surname (Last Name)
Clements

3. Date
02-December-2014

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Corresponding Author's Name
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5. Manuscript Title
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