

#### **Instructions**

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

Brinth 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Louise		2. Surname (Last Name) Brinth		3. Date 23-December-2014
4. Are you the corresponding author?		✓ Yes No		
5. Manuscript Title A descriptive and		effects to the quadriv	alent human papilloma vaccine	e
6. Manuscript Ider	ntifying Number (if you kr	ow it)		
Section 2.	The Work Under Co	onsideration for Pu	ıblication	
Did you or your institution <b>at any time</b> 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				
Section 3.	Relevant financial	activities outside t	he submitted work.	
of compensation clicking the "Add	the appropriate boxes i ) with entities as descri	n the table to indicate bed in the instruction: port relationships that	whether you have financial rel s. Use one line for each entity; a were <b>present during the 36 n</b>	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Cop	yrights	
Do you have any	patents, whether plan	ned, pending or issued	d, broadly relevant to the work?	? ☐ Yes ✓ No

Brinth 2



Section 5. Relationships not covered above			
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest			
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships.			
Section 6. Disclosure Statement			
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below.			
Dr. Brinth has nothing to disclose.			

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Theibel 1



Section 1.	Identifying Inform	nation			
Given Name (First Name)  Ann Cathrine		2. Surname (Last Name) Theibel		3. Date 23-December-2014	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Nam Louise Brinth	e	
5. Manuscript Title A descriptive and		effects to the quadrivaler	it human papilloma vaccine		
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Section 3.	Relevant financial	activities outside the s	submitted work.		
of compensation clicking the "Add	) with entities as descri	bed in the instructions. Use port relationships that wer		tionships (regardless of amount ld as many lines as you need by onths prior to publication.	
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Do you have any	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Theibel 2



Section 5. Belationships not sovered above			
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Pors 1



Section 1. Identifying Inform	mation			
1. Given Name (First Name) Kirsten	2. Surname (Last Name) Pors	3. Date 23-December-2014		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Louise Brinth		
5. Manuscript Title A descriptive analysis of suspected sid	e effects to the quadrivaler	t human papilloma vaccine		
6. Manuscript Identifying Number (if you k	6. Manuscript Identifying Number (if you know it)			
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Mehlsen 1



	l					
Section 1.	Identifying Information					
1. Given Name (First Name) Jesper		2. Surname (Las Mehlsen	t Name)		Date 3-December-2014	
4. Are you the corresponding author?		Yes ✓	No Correspond Louise Bri	ding Author's Name nth		
5. Manuscript Title A descriptive analysis of suspected side effects to the quadrivalent human papilloma vaccine						
6. Manuscript Idei	ntifying Number (if you k	now it)				
	ı					
Section 2.	The Work Under C	Consideration f	or Publication			
any aspect of the s statistical analysis,	ubmitted work (includin	g but not limited to			nercial, private foundation, et n, manuscript preparation,	c.) for
Section 3.	Polovant financial	activities outs	ida tha cubmittad	work		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest?    Yes    No  If yes, please fill out the appropriate information below.						
Name of Entity		Grant? Perso	onal Non-Financial  Support?	Other? Comm	ents	
Merck, Sharpe & Doh	me, Denmark			heading clinical st	arch centre which i am receives payments for udies through the Hospital ded by the medical	
Sanofi Pasteur, Denm	nark			Fee for le	ecture on side-effects of HPV-	

Mehlsen 2



Section 4. Intellectual Property Patents & Copyrights					
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Dr. Mehlsen reports other from Merck, Sharpe & Dohme, Denmark, personal fees from Sanofi Pasteur, Denmark, outside the submitted work; .					

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