

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Signe

2. Surname (Last Name)
Bødker Bidstrup

3. Date
08-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Linda Kaerlev

5. Manuscript Title

Are women referred to occupational risk assessment at higher risk of adverse pregnancy outcomes?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Bødker Bidstrup has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Ane Marie

2. Surname (Last Name)

Thulstrup

3. Date

09-December-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Linda kærlev

5. Manuscript Title

Are women referred to occupational assessment at higher risk of adverse pregnancy outcomes?

6. Manuscript Identifying Number (if you know it)

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Dr. Thulstrup has nothing to disclose.

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1. Given Name (First Name) Jens Peter	2. Surname (Last Name) Bonde	3. Date 08-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Linda Kaerlev
5. Manuscript Title Are women referred to occupational risk assessment at higher risk of adverse pregnancy outcomes?		
6. Manuscript Identifying Number (if you know it)		

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Linda

2. Surname (Last Name)

Kaerlev

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09-December-2014

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