

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.

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

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

Greisen 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Greisen		3. Date 21-August-2015
4. Are you the corresponding author?		✓ Yes No		
5. Manuscript Title Evaluation of a p		hylaxis for necrotising ent	erocolitis in very preterm in	fants
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Publi	cation	
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				
Section 3.	Relevant financial	activities outside the	submitted work.	
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Section 4.	Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes 🗸 No

Greisen 2



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Section 6. Disclosure Statement
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Dr. Greisen has nothing to disclose.

Evaluation and Feedback

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Greisen 3



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Section 1. Identifying Information	nation
1. Given Name (First Name)	2. Surname (Last Name) An Mon Ch 3. Date 13. 03. 2015
4. Are you the corresponding author?	☐ Yes ☐ No
5. Manuscript Title FURLY DDV 15 a poly COLY DS 6. Manuscript Identifying Number (if you kn	5. Manuscript Title Frallipon of a policy of probable prophylaxis for neck hours cutivo collas very protesti infant
Section 2. The Work Under Co	The Work Under Consideration for Publication
Did you or your institution at any time receive payment or services fro any aspect of the submitted work (including but not limited to grants, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No	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 X No
Section 3. Relevant financial	Relevant financial activities outside the submitted work.
Place a check in the appropriate boxes in the of compensation) with entities as described clicking the "Add +" box. You should report Are there any relevant conflicts of interest?	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 present during the 36 months prior to publication . Are there any relevant conflicts of interest? \square Yes \square No
Section 4. Intellectual Proper	Intellectual Property Patents & Copyrights
Do you have any patents, whether plan	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🔲 Yes 🔃 No



Section 5.

Relationships not covered above

Evaluation	Section 6. Based on the below.	At the time of On occasion,	Yes, the fo	otentially inf
Evaluation and Feedback	Disclosure Statement above disclosures, this form w	manuscript acceptan	llowing relationships/ elationships/condition	er relationships or acti luencing, what you w
	Section 6. Disclosure Statement Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box pelow.	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.	Yes, the following relationships/conditions/circumstances are present (explain below): No other relationships/conditions/circumstances that present a potential conflict of interest	are there other relationships or activities that readers could perceive to have initienced, or that give the appearance of something, what you wrote in the submitted work?
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	re statement, which v	if necessary, update t ported relationships.	ain below): onflict of interest	lluenced, or that give
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Fonnest 1



Section 1. Identifying	Information			
1. Given Name (First Name) Gert	2. Surname (Last Name) Fonnest	3. Date 17-August-2015		
4. Are you the corresponding author	or? Yes ✓ No	Corresponding Author's Name Gorm Greisen		
5. Manuscript Title Evaluation of a policy of probiotic prophylaxis for necrotising enterocolitis in very preterm infants				
6. Manuscript Identifying Number (if you know it)			
Section 2. The Work Ur	nder Consideration for Public	cation		
any aspect of the submitted work (ir statistical analysis, etc.)?	ncluding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
Are there any relevant conflicts of interest? Yes V No				
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Relevant fina	ancial activities outside the s	submitted work.		
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Do you have any patents, wheth	er planned, pending or issued, br	roadly relevant to the work? Yes V No		

Fonnest 2



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Brok 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fir	st Name)	2. Surname (Last Name) Brok	3. Date 11-August-2015		
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Gorm Greisen		
	5. Manuscript Title Evaluation of a policy of probiotic prophylaxis for necrotising enterocolitis in very preterm infants				
6. Manuscript Iden	itifying Number (if you kr	now it)			
			-		
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Brok 2



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GORMSEN 1



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Given Name (First Name) MAGDALENA	2. Surname (Last Name) GORMSEN	3. Date 17-August-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name GORM GREISEN
5. Manuscript Title Evaluation of a policy of probiotic pro	phylaxis for necrotising ent	erocolitis in very preterm infants.
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