

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) Kirsten	2. Surname (Last Name) Frederiksen	3. Date 17-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marianne Eg
5. Manuscript Title Childhood overweight and obesity treatment programmes in Danish paediatric departments		
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

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Dr. Frederiksen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lone Marie

2. Surname (Last Name)

Larsen

3. Date

21-December-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Marianne Eg

5. Manuscript Title

Childhood overweight and obesity treatment programmes in Danish paediatric departments

6. Manuscript Identifying Number (if you know it)

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Dr. Larsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Marianne

2. Surname (Last Name)

Eg

3. Date

22-December-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Childhood overweight and obesity treatment programmes in Danish paediatric departments

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Eg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Anders	2. Surname (Last Name) Johansen	3. Date 13-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marianne Eg
5. Manuscript Title Childhood overweight and obesity treatment programmes in Danish paediatric departments		
6. Manuscript Identifying Number (if you know it)		

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Dr. Johansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dina	2. Surname (Last Name) Cortes	3. Date 14-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marianne Eg
5. Manuscript Title Childhood overweight and obesity treatment programmes in Danish paediatric departments		
6. Manuscript Identifying Number (if you know it)		

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marianne

2. Surname (Last Name)
vamosi

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14-December-2015

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Childhood overweight and obesity treatment programmes in Danish paediatric departments

6. Manuscript Identifying Number (if you know it)

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marianne Eg
5. Manuscript Title Childhood overweight and obesity treatment programmes in Danish paediatric departments		
6. Manuscript Identifying Number (if you know it) _____		

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