

ICMJJE Form for Disclosure of Potential Conflicts of Interest

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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4. Intellectual Property.

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

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Bo

2. Surname (Last Name)
Chawes

3. Date
22-May-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Behandling af svær astma hos børn og unge med biologiske lægemidler: nutid og fremtid

6. Manuscript Identifying Number (if you know it)
UFL-01-18-0068

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Chawes has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Katrine

2. Surname (Last Name)

Spangenberg

3. Date

23-May-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Bo Chawes

5. Manuscript Title

Behandling af svær astma hos børn og unge med biologiske lægemidler: nutid og fremtid

6. Manuscript Identifying Number (if you know it)

UFL-01-18-0068

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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1. Given Name (First Name) Kirsten Skamstrup 2. Surname (Last Name) Hansen 3. Date 22-May-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Bo Chawes

5. Manuscript Title
Behandling af svær astma hos børn og unge med biologiske lægemidler: nutid og fremtid

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
PI in company sponsored AIT-study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no personal fee, study drug not related to the present publication

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Dr. Hansen reports other from PI in company sponsored AIT-study, no personal fee, study drug not related to the present publication, outside the submitted work; .

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1. Given Name (First Name) Uffe	2. Surname (Last Name) Bodtger	3. Date 23-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Chawes
5. Manuscript Title Behandling af svær astma hos børn og unge med biologiske lægemidler: nutid og fremtid		
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