

#### **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.

## Identifying information.

## The work under consideration for publication.

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### 3. Relevant financial activities outside the submitted work.

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## 4. Intellectual Property.

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

## Relationships not covered above.

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

Krarup 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Henrik	2. Surname (Last Name) Krarup	3. Date 07-November-2018		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Irene Kibæk Nielsen		
5. Manuscript Title Når genomisk medicin bliver personlig	- erfaringer med diagnostil	k og patientrådgivning		
6. Manuscript Identifying Number (if you k	now it)			
Section 2. The Work Under C	onsideration for Public	ation		
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 Vo				
Section 3. Relevant financial	activities outside the s	ubmitted work.		
of compensation) with entities as descr	ibed in the instructions. Us	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.		
Are there any relevant conflicts of inter-	est? Yes V No			
Section 4. Intellectual Prope	rty Patents & Copyrig	hts		
Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? Yes V No		

Krarup 2



Section 5. Relationships not severed above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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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.
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. Krarup has nothing to disclose.

### **Evaluation and Feedback**

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Pedersen 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fir Inge Søkilde	st Name)	2. Surname (Last Name) Pedersen	3. Date 11-July-2018	
4. Are you the corr	the corresponding author? Yes V No		Corresponding Author's Name Irene Kibæk Nielsen	
5. Manuscript Title Når genomisk me		- erfaringer med diagnosti	k og patientrådgivning.	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	ation	
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Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No	

Pedersen 2



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Dr. Pedersen has	nothing to disclose.			

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Nielsen 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fir Irene Kibæk	rst Name)	2. Surname (Last Name) Nielsen	3. Date 08-November-2018
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Når genomisk me		erfaringer med diagnostik og patientrådgiv	ning.
6. Manuscript Ider	ntifying Number (if you kn	ow it)	
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Nielsen 2



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