

#### **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.

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

Lange 1



Section 1. Identifying Inform	nation			
Given Name (First Name) Peter	2. Surname (Last Name) Lange	3. Date 20-November-2018		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Ekshaleret nitrogenoxid som markør fo	or astmatisk luftvejsinflammation			
6. Manuscript Identifying Number (if you ki UFL-10-18-0749	now it)			
Section 2. The Work Under C	onsideration for Publication			
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  No				
Section 3. Relevant financial	activities outside the submitted work.			
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Section 4. Intellectual Prope	rty Patents & Copyrights			
	ned, pending or issued, broadly relevant to the work	x?		

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Section 5.				
Section 5.	Relationships not covered above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest			
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 abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Lange has no	othing to disclose.			

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Hilberg 1



Section 1.	Identifying Inform	nation		
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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nar Peter Lange	me
5. Manuscript Title Ekshaleret nitrog		r astmatisk luftvejsinflam	mation	
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any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, d	n a third party (government, cor ata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Polovant financial	activities outside the	cubmitted work	
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Do you have any			roadly relevant to the work?	Yes 🗸 No

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Ulrik 1



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1. Given Name (First Name) Charlotte Suppli	2. Surname (Last Name) Ulrik	3. Date 22-November-2018	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Peter Lange	
5. Manuscript Title Ekshaleret nitrogenoxid som markør fo	or astmatisk luftvejsinflamn	nation	
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