

ICMJE 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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Section 1. Identifying Information

1. Given Name (First Name) Vilde Victoria	2. Surname (Last Name) Logavlen	3. Date 30-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name nana Hylding
5. Manuscript Title Survival and Morbidity of Very Preterm Born Infants from 2000 to 2013 in a level III NICU in Denmark		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Logavlen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

MATTS SUNDHAGEN

2. Surname (Last Name)

MILHUSSEN

3. Date

30.12.18

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Survival and Morbidity of Very Preterm Born Infants from 2000 to 2013 in a level III NICU in Denmark

6. Manuscript Identifying Number (if you know it)

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 30.12.17

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1. Given Name (First Name)
Gitte

2. Surname (Last Name)
Zachariassen

3. Date
09-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Survival and Morbidity of Very Preterm Born Infants from 2000 to 2013 in a level III NICU in Denmark

6. Manuscript Identifying Number (if you know it)
UFL-01-19-0071

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