



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Anne Christine

2. Surname (Last Name)

Nordholm

3. Date

06-September-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Tester og behandler vi de rigtige patienter for latent tuberkulose infektion i Danmark

6. Manuscript Identifying Number (if you know it)

09-19-0494

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  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. Nordholm 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) Pernille	2. Surname (Last Name) Ravn	3. Date 13-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Christine Nordholm
5. Manuscript Title Tester og behandler vi de rigtige patienter for latent tuberkulose infektion i Danmark		
6. Manuscript Identifying Number (if you know it)		

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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
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Invited speaker
Abb Vie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Invited speaker
Astellas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research collaboration 6 months
Statens Serum Institute, DSMB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data Safety Monitoring Board SSI, 2012-15
Gilead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research fund
SSI diagnostika	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	sponsored TB meeting



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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
IP 10 for TB diagnosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Ravn reports personal fees from MSD, personal fees from Abb Vie , other from Astellas, personal fees from Statens Serum Institute, DSMB, grants from Gilead, other from SSI diagnostika, outside the submitted work; In addition, Dr. Ravn has a patent IP 10 for TB diagnosis issued.

### 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)  
Kristina Langholz

2. Surname (Last Name)  
Kristensen

3. Date  
06-September-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name  
Anne Christine Nordholm

5. Manuscript Title  
Tester og behandler vi de rigtige patienter for latent tuberkulose infektion i Danmark

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

Yes

No

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Dr. Kristensen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ulrikka
2. Surname (Last Name)  
Nygaard
3. Date  
06-September-2019
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Anne Christine Nordholm
5. Manuscript Title  
Tester og behandler vi de rigtige patienter for latent tuberkulose infektion i Danmark
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Dr. Nygaard has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sidse Graff
2. Surname (Last Name)  
Jensen
3. Date  
06-September-2019
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Anne Christine Nordholm
5. Manuscript Title  
Tester og behandler vi de rigtige patienter for latent tuberkulose infektion i Danmark
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Dr. Jensen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Christian

2. Surname (Last Name)

Wejse

3. Date

06-September-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anne Christine Nordholm

5. Manuscript Title

Tester og behandler vi de rigtige patienter for latent tuberkulose infektion i Danmark

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Dr. Wejse has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Aase Bengaard
2. Surname (Last Name)  
Andersen
3. Date  
06-September-2019
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Anne Christine Nordholm
5. Manuscript Title  
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Dr. Andersen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Troels

2. Surname (Last Name)  
Lillebaek

3. Date  
06-September-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Anne Christine Nordholm

5. Manuscript Title  
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Dr. Lillebaek has nothing to disclose.

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