

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.

1. Identifying information.
2. 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.

5. Relationships not covered above.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
JONAS WINKEL

2. Surname (Last Name)
HOLM

3. Date
8 okt 2015

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

ARBEDSRETINET ALLERGISK ASTMA HOS DYREPASSER

6. Manuscript Identifying Number (if you know it)

MED KOL

Section 2. The Work Under Consideration for Publication

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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

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Section 4.

Intellectual Property -- Patents & Copyrights

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No



ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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8.10.2019
James W. Hulm

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Janne Julie

2. Surname (Last Name)

Møller

3. Date

03-October-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Margrethe Bordado Sköld

5. Manuscript Title

Arbejdsbetinget allergisk astma hos dyrepasser med KOL

6. Manuscript Identifying Number (if you know it)

UFL-07-19-0412

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Dr. Møller has nothing to disclose.

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1. Given Name (First Name)
Margrethe

2. Surname (Last Name)
Bordado Sköld

3. Date
04-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Arbetsbetinget allergisk astma hos dyrepasser med KOL

6. Manuscript Identifying Number (if you know it)
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