

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Carsten

2. Surname (Last Name)  
Mikkelsen

3. Date  
04-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Luise Borch

5. Manuscript Title  
COVID-19 reopening cause high risk of irritant contact dermatitis in children

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. Mikkelsen 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)  
Kristian

2. Surname (Last Name)  
Arvesen

3. Date  
15-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Luise Borch

5. Manuscript Title  
COVID-19 reopening causes high risk of irritant contact dermatitis in children

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Dr. Arvesen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Luise

2. Surname (Last Name)  
Borch

3. Date  
04-May-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
COVID-19 reopening cause high risk of irritant contact dermatitis in children

6. Manuscript Identifying Number (if you know it)

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Dr. Borch 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) Peter	2. Surname (Last Name) Bjerring	3. Date 15-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Luise Borch
5. Manuscript Title COVID-19 reopening causes high risk of irritant contact dermatitis in children		
6. Manuscript Identifying Number (if you know it)		

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### Section 1. Identifying Information

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Tine

2. Surname (Last Name)  
Warner

3. Date  
04-May-2020

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Yes  No

Corresponding Author's Name  
Luise Borch

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

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**Other:** Anything not covered under the previous three boxes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Kristina

2. Surname (Last Name)  
THorsteinsson

3. Date  
04-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Luise Borch

5. Manuscript Title  
COVID-19 reopening cause high risk of irritant contact dermatitis in children

6. Manuscript Identifying Number (if you know it)

### 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.)?

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Are there any relevant conflicts of interest?  Yes  No

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Soeren

2. Surname (Last Name)  
Hagstroem

3. Date  
04-May-2020

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Yes  No

Corresponding Author's Name  
Luise Borch

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### Section 1. Identifying Information

1. Given Name (First Name)  
Soeren

2. Surname (Last Name)  
Lundbye-Christensen

3. Date  
15-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Luise Borch

5. Manuscript Title  
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