

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Anna Sophie L	2. Surname (Last Name) Kjaer	3. Date 27-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mathilde Ørbæk
5. Manuscript Title Udredning og behandling af gravide med mistanke om akut toxoplasmose.		
6. Manuscript Identifying Number (if you know it)		

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Henrik Vedel

2. Surname (Last Name)

Nielsen

3. Date

22-May-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Mathilde Ørbæk

5. Manuscript Title

Udredning og behandling af gravide med mistænkt eller påvist toxoplasmainfektion

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name)

Morten

2. Surname (Last Name)

Lebech

3. Date

29-May-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Udredning og behandling af gravide med mistænkt eller påvist toxoplasmainfektion

6. Manuscript Identifying Number (if you know it)

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Dr. Lebech 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) Anne-Mette	2. Surname (Last Name) Lebech	3. Date 27-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mathilde Ørbæk
5. Manuscript Title Udredning og behandling af gravide med mistanke om akut toxoplasmose.		
6. Manuscript Identifying Number (if you know it)		

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Mathilde

2. Surname (Last Name)  
Ørbæk

3. Date  
20-May-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Udredning og behandling af gravide med mistænkt eller påvist toxoplasmainfektion

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UFL - 10 - 18 - 0712

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1. Given Name (First Name)

Terese L

2. Surname (Last Name)

Katzenstein

3. Date

20-May-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Mathilde Ørbæk

5. Manuscript Title

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