

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Ulla Birgitte

2. Surname (Last Name)

Hartling

3. Date

24-October-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Enterovirus D69 som årsag til akut slap parese - beskrivelse af det første danske tilfælde

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.)?

Are there any relevant conflicts of interest? Yes No

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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
Sanofi Pasteur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	subinvestigator on vaccine trial (meningococcus)
CSL Behring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	participation in international conferences

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. Hartling reports other from Sanofi Pasteur, other from CSL Behring, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Karen Markussen	2. Surname (Last Name) Linnet	3. Date 30-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ulla Birgitte Hartling
5. Manuscript Title Enterovirus D68 som årsag til akut slap parese – beskrivelse af det første danske tilfælde		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Marianne Kragh	2. Surname (Last Name) Thomsen	3. Date 30-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ulla Birgitte Hartling
5. Manuscript Title Enterovirus D68 som årsag til akut slap parese – beskrivelse af det første danske tilfælde		
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Dr. Thomsen has nothing to disclose.

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1. Given Name (First Name) Sofie	2. Surname (Last Name) Midgley	3. Date 30-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ulla Birgitte Hartling
5. Manuscript Title Enterovirus D68 som årsag til akut slap parese – beskrivelse af det første danske tilfælde		
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Dr. Midgley has nothing to disclose.

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1. Given Name (First Name) Mette 2. Surname (Last Name) Holm 3. Date 30-October-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Ulla Birgitte Hartling

5. Manuscript Title
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CSL Behring	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Immundeficiency Conference
Sanofi pasteur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PI meningococcal vaccine trial fase III

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