

## 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) Laila	2. Surname (Last Name) Marouan	3. Date 29-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Chawes
5. Manuscript Title Primær forebyggelse af fødevareallergi hos børn		
6. Manuscript Identifying Number (if you know it) UFL-02-20-0122		

### 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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Dr. Marouan 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) Kirsten	2. Surname (Last Name) Skamstrup Hansen	3. Date 29-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Chawes
5. Manuscript Title Primær forebyggelse af fødevareallergi hos børn		
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Dr. Skamstrup Hansen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Mette

2. Surname (Last Name)  
Hermansen

3. Date  
29-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Bo Chawes

5. Manuscript Title  
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Bo

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Chawes

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29-June-2020

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5. Manuscript Title  
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