

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anja

2. Surname (Last Name)
Pinborg

3. Date
24-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Claudia Tomas

5. Manuscript Title

Annual incidence of severe early and late ovarian hyperstimulation syndrome. National Danish data 2001-2017

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) 2. Surname (Last Name) 3. Date

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23/1 - 2020

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Section 1. Identifying Information

1. Given Name (First Name) Anders Nyboe

2. Surname (Last Name) Andersen

3. Date 08-January-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name Claudia Tomas

5. Manuscript Title
Annual incidence of severe early and late ovarian hyperstimulation syndrome. National Danish data 2001-2017

6. Manuscript Identifying Number (if you know it)

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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
Ferring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for lecture
Gedeon Richter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for lecture
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for lecture
Roche Diagnostics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant to a ph.,d. student

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Dr. Andersen reports personal fees from Ferring, personal fees from Gedeon Richter, personal fees from Merck, grants from Roche Diagnostics, 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)
Claudia

2. Surname (Last Name)
Tomas

3. Date
01-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title

Annual incidence of severe ovarian hyperstimulation syndrome -

6. Manuscript Identifying Number (if you know it)

National Danish data 2001-2017

Annual incidence of severe ovarian hyperstimulation syndrome -

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Dr. Tomas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lotte Berdiin	2. Surname (Last Name) Colmorn	3. Date 24-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudia Tomas
5. Manuscript Title Annual incidence of severe early and late ovarian hyperstimulation syndrome. National Danish data 2001-2017		
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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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1. Given Name (First Name) 2. Surname (Last Name) 3. Date
4. Are you the corresponding author? Yes No
5. Manuscript Title
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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Dr. Lidegaard has nothing to disclose.

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