

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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3. Relevant financial activities outside the submitted work.

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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) Jurgita | 2. Surname (Last Name) Janukonyte | 3. Date 10-November-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Silje H. Christensen |
| 5. Manuscript Title Hæmoglobin A1C (HbA1c) - do's and dont's Kend faldgruberne og husk faste-glukose | | |
| 6. Manuscript Identifying Number (if you know it) UFL-10-20-0744 | | |

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Are there any relevant conflicts of interest? Yes No

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Dr. Janukonyte 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)
else marie

2. Surname (Last Name)
vestergaard

3. Date
24-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Silje H. Christensen

5. Manuscript Title

Hæmoglobin A1c (HbA1c) - do's and don'ts Kende faldgruberne og husk fasteglukose

6. Manuscript Identifying Number (if you know it)

UFL-10-20-0744

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Dr. vestergaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Silje H.

2. Surname (Last Name)
Christensen

3. Date
20-November-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hæmoglobin A1c (HbA1c) - do's and don'ts Kend faldgruberne og husk faste-glukose

6. Manuscript Identifying Number (if you know it)
UFL-10-20-0744

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Dr. Christensen has nothing to disclose.

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Section 1. Identifying Information

| | | |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| 1. Given Name (First Name) Mie Hessellund | 2. Surname (Last Name) Samson | 3. Date 20-November-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Silje H. Christensen |
| 5. Manuscript Title Hæmoglobin A1c (HbA1c) - do's and don'ts Kende faldgruberne og husk fasteglukose | | |
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Dr. Samson has nothing to disclose.

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| | | |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| 1. Given Name (First Name) Nete | 2. Surname (Last Name) Hornung | 3. Date 20-November-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Silje H. Christensen |
| 5. Manuscript Title Hæmoglobin A1c (HbA1c) - do's and don'ts Kende faldgruberne og husk fasteglukose | | |
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Dr. Hornung has nothing to disclose.

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