

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ida

2. Surname (Last Name)

Behrendt-Møller

3. Date

01-March-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Genomforskningsprojekt påviser medfødt sygdomsdisponerende TP53 variant hos 3-årig pige med rhabdomyosarkom

6. Manuscript Identifying Number (if you know it)

UFL-10-20-0741

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Kræftens bekæmpelse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Børnecancerfonden	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interregional Øresund-Kattegat-Skagerrak grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
MSD Denmark	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deltog i december måned i seminar angående læringsvideoer om kræftsygdom. Blev honoreret med 3000 kr for deltagelsen

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
 No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Behrendt-Møller reports grants from Kræftens bekæmpelse, grants from Børnecancerfonden, grants from Interregional Øresund-Kattegat-Skagerrak grant, during the conduct of the study; personal fees from MSD Denmark, outside the submitted work; .

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ulrik

2. Surname (Last Name)

Stoltze

3. Date

03-January-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Genomforskningsprojekt påviser sygdomsdisponerende TP53 variant hos 3-årig pige med rhabdomyosarkom

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Dr. Stoltze has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Lisa

2. Surname (Last Name)

Lyngsie Hjalgrim

3. Date

09-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ida Behrendt-Møller

5. Manuscript Title

Genomforskningsprojekt påviser sygdomsdisponerende TP53 variant hos 3-årig pige med rhabdomyosarkom

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Dr. Lyngsie Hjalgrim 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)

Thomas van Overeem

2. Surname (Last Name)

Hansen

3. Date

01-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ida Behrent-Møller

5. Manuscript Title

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Dr. Hansen has nothing to disclose.

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Interregional Øresund-Kattegat-Skagerrak grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Servier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Medscape	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker fee
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker fee

Section 4. Intellectual Property -- Patents & Copyrights

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Speaker and/or Advisory Board Honoraria from Jazz Pharmaceuticals (2020) and Servier (2020)

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Section 1. Identifying Information

1. Given Name (First Name)
Karin A. W.
2. Surname (Last Name)
Wadt
3. Date
03-February-2021
4. Are you the corresponding author? Yes No Corresponding Author's Name
5. Manuscript Title
Genomforskningsprojekt påviser sygdomsdisponerende TP53 variant hos 3-årig pige med rhabdomyosarkom
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Advisory board breast cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MSD- AstraZeneca. Præsentation om genetisk udredning af brystkræft
Falcon Møde, sponsoreret af AstraZeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	præsentation om genetisk rådgivning og ovarie-cancer

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Dr. Wadt reports personal fees from Advisory board breast cancer, from Falcon Møde, sponsoreret af AstraZeneca, outside the submitted work; .

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