

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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2. The work under consideration for publication.

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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) Lis	2. Surname (Last Name) Brooks	3. Date 12-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Monica Kujabi
5. Manuscript Title Impacted fetal head at emergency caesarean sections		
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

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Brooks 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)

Lars Møller

2. Surname (Last Name)

Pedersen

3. Date

17-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Monica Lauridsen Kujabi

5. Manuscript Title

Impacted fetal head at emergency caesarean sections / Fastkilet fosterhoved ved akut kejsersnit

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Pedersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Monica

2. Surname (Last Name)
Kujabi

3. Date
13-February-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Fastkilet fosterhoved ved akut kejsersnit

6. Manuscript Identifying Number (if you know it)
UFL-01-21-0084

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1. Given Name (First Name)
Tom

2. Surname (Last Name)
Weber

3. Date
11-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Monica Lauridsen Kujabi

5. Manuscript Title

Impacted fetal head at emergency caesarean sections / Fastkilet fosterhoved ved akut kejsersnit

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