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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Kaare

2. Surname (Last Name)  
   Engell Lundstrøm

3. Date  
   30-September-2016

4. Are you the corresponding author?  
   ☑ Yes  
   No

Corresponding Author’s Name  
Kristine Svinning Valeur

5. Manuscript Title  
   Safe Excipient Exposure in Neonates and Small Children - protocol for the SEEN project

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

## Section 3. Relevant financial activities outside the submitted work.

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☑ Yes  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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No
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Dr. Engell Lundstrøm has nothing to disclose.

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## Identifying Information

1. Given Name (First Name)  
   Steen Axel  
2. Surname (Last Name)  
   Hertel  
3. Date  
   30-September-2016  
4. Are you the corresponding author?  
   Yes  
   No  
   ✔  
   Corresponding Author’s Name  
   Kristine Svinning Valeur  
5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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Dr. Hertel has nothing to disclose.

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1. Given Name (First Name)  
Kristine

2. Surname (Last Name)  
Svinning Valeur

3. Date  
30-September-2016

4. Are you the corresponding author?  
✓ Yes  ❏ No

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Dr. Svinning Valeur has nothing to disclose.

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