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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Camilla

2. Surname (Last Name)  
Buch Kjølbye

3. Date  
10-June-2017

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Motor function tests for 0-2 year old children

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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Dr. Buch Kjølbye 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 Bo  

2. Surname (Last Name)  
   Drivsholm  

3. Date  
   13-June-2017  

4. Are you the corresponding author? [ ] Yes [x] No  
   Corresponding Author’s Name  
   Camilla Buch Kjølbye  

5. Manuscript Title  
Motor function tests for 0-2 year old children - A systematic review of validated tests for identifying motor development delay in the background population  

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. Drivsholm has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Ruth Kirk</td>
<td>Ertmann</td>
<td>12-June-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Motor function tests for 0-2 year old children  
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Dr. Ertmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Kirsten
2. Surname (Last Name)  Lykke
3. Date  23-June-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   Motor function tests for 0-2 year old children

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Lykke has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Rasmus

2. Surname (Last Name)  
   Køster-Rasmussen

3. Date  
   06-June-2017

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Camilla Buch

5. Manuscript Title  
Motorfunction tests for 0-2 year old children
- A systematic review of validated tests for identifying motor development delay in the background population

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Dr. Køster-Rasmussen has nothing to disclose.

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