ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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## Identifying Information

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<table>
<thead>
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<tr>
<td>1. Given Name (First Name)</td>
<td>2. Surname (Last Name)</td>
<td>3. Date</td>
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<tr>
<td>Olav-Andre</td>
<td>Klefstad</td>
<td>27-December-2013</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>✔ Yes</td>
<td>No</td>
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### 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

### Relevant financial activities outside the submitted work.

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Section 6. Disclosure Statement

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Dr. Klefstad has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Michael Lützhøft
2. Surname (Last Name)  Hansen
3. Date  27-December-2013
4. Are you the corresponding author?  ✔ No
Corresponding Author’s Name  Olav-Andre Klefstad

5. Manuscript Title
Earlier intervention in prolonged pregnancies: the impact of implementing new recommendations

6. Manuscript Identifying Number (if you know it)

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Dr. Hansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Kristine
2. Surname (Last Name)  Kaada
3. Date  27-December-2013
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Olav-Andre Klefstad
5. Manuscript Title  Earlier intervention in prolonged pregnancies: the impact of implementing new recommendations
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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kaada has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Elsa
2. Surname (Last Name) Lindtjørn
3. Date 27-December-2013

4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Olav-Andre Klefstad

5. Manuscript Title
   Earlier intervention in prolonged pregnancies: the impact of implementing new recommendations

6. Manuscript Identifying Number (if you know it)

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Midwife Lindtjørn has nothing to disclose.

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2. Surname (Last Name)  
   Økland  
3. Date  
   30-December-2013  
4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No  
5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Astrid Betten

2. Surname (Last Name)  
   Rygh

3. Date  
   30-December-2013

4. Are you the corresponding author?  
   Yes [ ] No [X]

   Corresponding Author’s Name  
   Olav-Andre Klefstad

5. Manuscript Title  
   Earlier intervention in prolonged pregnancies: the impact of implementing new recommendations

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?  
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**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  
   Yes [ ] No [X]

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 5. Relationships not covered above

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Dr. Rygh has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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Eggebø
**Section 1. Identifying Information**

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<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Torbjørn Moe</td>
<td>Eggebø</td>
<td>30-December-2013</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? □ Yes □ No  
Corresponding Author’s Name: Olav-Andre Klefstad

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1. Given Name (First Name)  
   Inger

2. Surname (Last Name)  
   Økland

3. Date  
   23-December-2013

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author’s Name  
   Olav Andre Klefstad

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