

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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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)  
Rebekka Oxenvad

2. Surname (Last Name)  
Svarrer

3. Date  
21-March-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Does HPV vaccination associate with adolescents' sexual behaviour and knowledge?

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. Svarrer 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)

Anna Lund

2. Surname (Last Name)

Rasmussen

3. Date

21-March-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Rebekka O. Svarrer

5. Manuscript Title

Does HPV vaccination associate with adolescents' sexual behaviour and knowledge?

6. Manuscript Identifying Number (if you know it)

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Dr. Rasmussen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Finn Friis

2. Surname (Last Name)

Lauszus

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Rebekka Oxenvad Svarrer

5. Manuscript Title

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Dr. Lauszus 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) Anne	2. Surname (Last Name) Hammer	3. Date 05-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Finn Lauszus
5. Manuscript Title HPV vaccination and adolescent's sexual behavior and knowledge		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Dr. Hammer has nothing to disclose.

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