ICMJ Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Karen Rokkedal
2. Surname (Last Name)      Lausch
3. Date                     04-May-2016
4. Are you the corresponding author?  ✔ Yes  ❌ No
5. Manuscript Title
   Prevalence and predictors of Rotavirus among adults hospitalized for acute gastroenteritis
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Lausch has nothing to disclose.

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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lena
2. Surname (Last Name) Westh
3. Date 10-May-2016
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   Prevalence and predictors of Rotavirus among adults hospitalized for acute gastroenteritis
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ No

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Are there any relevant conflicts of interest? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | Lena |
| 2. Surname (Last Name) | Hagelskjaer Kristensen |
| 3. Date | 09-May-2016 |
| 4. Are you the corresponding author? | Yes ☑ No |
| Corresponding Author's Name | Karen Rokkedal Lausch |
| 5. Manuscript Title | Prevalence and predictors of Rotavirus among adults hospitalized for acute gastroenteritis |
| 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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

| Yes ☐ No ☑ |
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Dr. Hagelskjaer Kristensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Jens

2. Surname (Last Name)
   Lindberg

3. Date
   18-May-2016

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

   Corresponding Author’s Name
   Karen Rokkedal Lausch

5. Manuscript Title
   Prevalence and predictors of Rotavirus among adults hospitalized for acute gastroenteritis

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Dr. Lindberg has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Britta

2. Surname (Last Name)  
Tarp

3. Date  
05-May-2016

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Karen Rokkedal Lausch

5. Manuscript Title  
Prevalence and predictors of Rotavirus among adults hospitalized for acute gastroenteritis

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  
   Carsten Schade

2. Surname (Last Name)  
   Larsen

3. Date  
   05-May-2016

4. Are you the corresponding author?  
   Yes ☑  
   No

5. Manuscript Title  
   Prevalence and predictors of Rotavirus among adults hospitalized for acute gastroenteritis

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Section 6. Disclosure Statement

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Dr. Larsen reports grants from Sanofi Pasteur MSD Denmark, during the conduct of the study.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.