ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Nis

2. Surname (Last Name)  
   Brix

3. Date  
   03-June-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Childhood asthma after emergency caesarean section: a twin cohort study

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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   No

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Are there any relevant conflicts of interest?  
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   No

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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. Brix 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) Lonny
2. Surname (Last Name) Stokholm
3. Date 03-June-2016
4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name Nis Brix
5. Manuscript Title Childhood asthma after emergency caesarean section: a twin cohort study
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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Are there any relevant conflicts of interest? [ ] Yes [ ] No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Stokholm has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Fjola

2. **Surname (Last Name)**
   - Jonsdottir

3. **Date**
   - 03-June-2016

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

   **Corresponding Author's Name**
   - Nis Brix

5. **Manuscript Title**
   - Childhood asthma after emergency caesarean section: a twin cohort study

6. **Manuscript Identifying Number (if you know it)**

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

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- [ ] Yes  
- [x] No

### 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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Dr. Jonsdottir has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Identifying Information

1. **Given Name (First Name)**
   - Kim

2. **Surname (Last Name)**
   - Kristensen

3. **Date**
   - 03-June-2016

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

   **Corresponding Author’s Name**
   - Nis Brix

5. **Manuscript Title**
   - Childhood asthma after emergency caesarean section: a twin cohort study

6. **Manuscript Identifying Number (if you know it)**

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   - ☑ No

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Dr. Kristensen has nothing to disclose.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niels Jørgen</td>
<td>Secher</td>
<td>03-June-2016</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No   
   - ✔ No

5. Manuscript Title  
   Childhood asthma after emergency caesarean section: a twin cohort study

6. Manuscript Identifying Number (if you know it)

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Dr. Secher has nothing to disclose.

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