

## 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.

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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.)?

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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

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.)?

Are there any relevant conflicts of interest?

Yes

No

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Dr. Drivsholm 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)  
Ruth Kirk

2. Surname (Last Name)  
Ertmann

3. Date  
12-June-2017

4. Are you the corresponding author?  Yes  No

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)

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Dr. Ertmann 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) Kirsten	2. Surname (Last Name) Lykke	3. Date 23-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Camilla Buch Kjølbye
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.)?

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Dr. Lykke has nothing to disclose.

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1. Given Name (First Name)  
Rasmus

2. Surname (Last Name)  
Køster-Rasmussen

3. Date  
06-June-2017

4. Are you the corresponding author?

Yes  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

6. Manuscript Identifying Number (if you know it)

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Dr. Køster-Rasmussen has nothing to disclose.

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