ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not.

**Royalties:** Funds are coming in to you or your institution due to your patent.
Section 1. Identifying Information

1. Given Name (First Name)  Signe
2. Surname (Last Name)  Bødker Bidstrup
3. Date  08-December-2014
4. Are you the corresponding author?  ☑ No
5. Manuscript Title
   Are women referred to occupational risk assessment at higher risk of adverse pregnancy outcomes?
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

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Section 6. Disclosure Statement

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Dr. Bødker Bidstrup has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ane Marie

2. Surname (Last Name)  
   Thulstrup

3. Date  
   09-December-2014

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
   Linda Kærlev

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 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. Thulstrup has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jens Peter
2. Surname (Last Name)  Bonde
3. Date  08-December-2014
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Linda Kaerlev

5. Manuscript Title
Are women referred to occupational risk assessment at higher risk of adverse pregnancy outcomes?

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
   Linda

2. Surname (Last Name)  
   Kaerlev

3. Date  
   09-December-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

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