ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Annemarie</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Dalsgaard</td>
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<td>3. Date</td>
<td>18-February-2019</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Gitte Størup</td>
</tr>
</tbody>
</table>

### Manuscript Title
Fetal sex determination at the second trimester anomaly scan in Denmark: Practice and accuracy

### Manuscript Identifying Number (if you know it)
UFL-02-19-0102

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Are there any relevant conflicts of interest?  Yes ✔ No

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Dr. Dalsgaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Anne Nødgaard

2. Surname (Last Name)  
   Sørensen

3. Date  
   18-February-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Gitte Størup

5. Manuscript Title  
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Dr. Sørensen has nothing to disclose.

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1. Given Name (First Name)  
   Gitte

2. Surname (Last Name)  
   Størup

3. Date  
   19-December-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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Grønkjær
ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Mette

2. Surname (Last Name)  
Grønkjær

3. Date  
18-February-2019

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Gitte Størup

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