

## ICMJE 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) Line Kring	2. Surname (Last Name) Tannert	3. Date 24-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lene Heise Garvey
5. Manuscript Title Nye retningslinjer for udredning af penicillinallergi		
6. Manuscript Identifying Number (if you know it) UFL-10-19-0599		

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Dr. Tannert has nothing to disclose.

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1. Given Name (First Name) Janni	2. Surname (Last Name) Hjortlund	3. Date 24-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lene Heise Garvey
5. Manuscript Title Nye retningslinjer for udredning af penicillinallergi		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Britta Eilersen

2. Surname (Last Name)

Hjerrild

3. Date

24-February-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Lene Heise Garvey

5. Manuscript Title

Nye retningslinier for udredning af penicillinallergi

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
Lars Peter

2. Surname (Last Name)  
Nielsen

3. Date  
24-February-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Lene Heise Garvey

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

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1. Given Name (First Name)

LENE HØSE

2. Surname (Last Name)

GARVEY

3. Date

24. February 2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

NYE RETNINGSLINJER FOR VURDERING AF PENICILLINALLERGI

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Generate Disclosure Statement

DR. GARVEY HAS ~~NO DISCLOSURES~~ NOTHING TO DISCLOSE

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#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Holger	2. Surname (Last Name) Mosbech	3. Date 24-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lene Heise Garvey
5. Manuscript Title Nye retningslinjer for udredning af penicillinallergi		
6. Manuscript Identifying Number (if you know it) UFL-10-19-0059		

### 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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Mosbech has nothing to disclose.

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