

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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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)
Sten

2. Surname (Last Name)
Madsbad

3. Date
27-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Den Endokrine og metaboliske kobling mellem COVID-19, Diabetes og Fedme

6. Manuscript Identifying Number (if you know it)
06-20-0381

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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

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

Dr. Madsbad 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) Kristina 2. Surname (Last Name) Thorsteinsson 3. Date 29-January-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Sten Madsbad

5. Manuscript Title
Den Endokrine og Metaboliske kobling mellem COVID-19 Diabetes og Fedme

6. Manuscript Identifying Number (if you know it)
UFL-05-20-0381

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
GlaxoSmithKline/Viiv.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project on hormonal contraception and antiretroviral treatment

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Thorsteinsson reports personal fees from GlaxoSmithKline/Viiv., outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Christoffer

2. Surname (Last Name)

Martinussen

3. Date

26-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Sten Madsbad

5. Manuscript Title

Den Endokrine og Metaboliske kobling mellem COVID-19, Diabetes og Fedme

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Nina	2. Surname (Last Name) Weis	3. Date 26-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sten Madsbad
5. Manuscript Title Den Endokrine og Metaboliske kobling mellem COVID-19 Diabetes og Fedme		
6. Manuscript Identifying Number (if you know it)		

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