

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)

Mette Line

2. Surname (Last Name)

Donneborg

3. Date

17-November-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Opdatering af neonatal ukonjugeret hyperbilirubinæmi i Danmark

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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Are there any relevant conflicts of interest? Yes No

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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. Donneborg has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

PERNILLE

2. Surname (Last Name)

VANDBORGT

3. Date

22. Nov. 2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Updating of neonatal ykonjugeret hyperbilirubinæmi

6. Manuscript Identifying Number (if you know it)

i Danmark

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Finn

2. Surname (Last Name)
Ebbesen

3. Date
25-November-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mette Line Donneborg

5. Manuscript Title
Opdatering af neonatal ukonjugeret hyperbiliruinemia in Denmark

6. Manuscript Identifying Number (if you know it)

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Dr. Ebbesen has nothing to disclose.

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26/11 - 2019

Tim Ebbesen

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Section 1. Identifying Information

1. Given Name (First Name) Bo	2. Surname (Last Name) Mølholm Hansen	3. Date 27-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mette Line Roed
5. Manuscript Title Opdatering af neonatal ukonjugeret hyperbilirubinæmi i Danmark		
6. Manuscript Identifying Number (if you know it) UFL-11-19-0671		

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Section 1. Identifying Information

1. Given Name (First Name) Jesper Padkær	2. Surname (Last Name) Petersen	3. Date 27-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mette Line Roed
5. Manuscript Title Opdatering af neonatal ukonjugeret hyperbilirubinæmi i Danmark		
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