

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Stine	2. Surname (Last Name) Lund	3. Date 12-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Manich Bech
5. Manuscript Title Indirekte effekter af COVID-19 på dødeligheden blandt mødre og børn i lav- og mellemindkomstlande		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Lund has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anja	2. Surname (Last Name) poulsen	3. Date 12-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Manich Bech
5. Manuscript Title Indirekte effekter af COVID-19 på dødeligheden blandt børn og mødre i lav- og mellemindkomstlande"		
6. Manuscript Identifying Number (if you know it) UFL-10-20-0727		

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Dr. poulsen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christine

2. Surname (Last Name)
Manich Bech

3. Date
30-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Indirekte effekter af COVID-19 på dødeligheden blandt mødre og børn i lav- og mellemindkomstlande

6. Manuscript Identifying Number (if you know it)
UFL-10-20-0727

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Medicine, BsC. Manich Bech has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Freddy Karup

2. Surname (Last Name)
Pedersen

3. Date
01-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christine Manich Bech

5. Manuscript Title
Indirekte effekter af COVID-19 på dødeligheden blandt børn og mødre i lav- og mellemindkomstlande

6. Manuscript Identifying Number (if you know it)
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Dr. Pedersen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jesper	2. Surname (Last Name) Kjærgaard	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Manich Bech
5. Manuscript Title Indirekte effekter af COVID-19 på dødeligheden blandt mødre og børn i lav- og mellemindkomstlande		
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Dr. Kjærgaard has nothing to disclose.

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Other: Anything not covered under the previous three boxes

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1. Given Name (First Name) Joakim	2. Surname (Last Name) Bloch	3. Date 12-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christine Manich Bech
5. Manuscript Title Indirekte effekter af COVID-19 på dødeligheden blandt mødre og børn i lav- og mellemindkomstlande		
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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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Dr. Bloch has nothing to disclose.

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