

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Nils

2. Surname (Last Name)

Feltelius

3. Date

08-July-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Regulatory utility of disease and intervention registries.

A survey of Swedish health care quality registries.

6. Manuscript Identifying Number (if you know it)

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Dr Feltelius have no conflicts of interest to declare

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Section 1. Identifying Information

1. Given Name (First Name) Olof	2. Surname (Last Name) Stephansson	3. Date 05-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jonas Ludvigsson
5. Manuscript Title "Risk of Congenital Malformation with H1N1 Influenza Vaccine: Cohort Study with Sibling Analysis"		
6. Manuscript Identifying Number (if you know it) M16-0139		

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Dr. Stephansson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Cecilia

2. Surname (Last Name)

Lundholm

3. Date

10-August-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jonas Ludvigsson

5. Manuscript Title

Risk of Congenital Malformation with H1N1 Influenza Vaccine: Cohort Study with Sibling Analysis.

6. Manuscript Identifying Number (if you know it)

M16-0139

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Section 1. Identifying Information

1. Given Name (First Name) Anders	2. Surname (Last Name) Ekbon	3. Date 02-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jonas Ludvigsson
5. Manuscript Title Risk of Congenital Malformation with H1N1 Influenza Vaccine: Cohort Study with Sibling Analysis		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Sven	2. Surname (Last Name) Cnattingius	3. Date 02-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jonas Ludvigsson
5. Manuscript Title Risk of Congenital Malformation with H1N1 Influenza Vaccine: Cohort Study with Sibling Analysis		
6. Manuscript Identifying Number (if you know it) M16-0139		

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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. Cnattingius 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) Åke	2. Surname (Last Name) Örtqvist	3. Date 02-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jonas Ludvigsson
5. Manuscript Title Risk of Congenital Malformation with H1N1 Influenza Vaccine: Cohort Study with Sibling Analysis		
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Dr. Örtqvist has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jonas

2. Surname (Last Name)

Ludvigsson

3. Date

07-July-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Risk of Congenital Malformation with H1N1 Influenza Vaccine: Cohort Study with Sibling Analysis

6. Manuscript Identifying Number (if you know it)

M16-0139

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Section 1. Identifying Information

1. Given Name (First Name)

Fredrik

2. Surname (Last Name)

Granath

3. Date

19-August-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

M16-0139

Risk of Congenital Malformation with H1N1 Influenza Vaccine

6. Manuscript Identifying Number (if you know it)

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