

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.

1. Identifying information.

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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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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)
Jørgen

2. Surname (Last Name)
Hansen

3. Date
18-February-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Anders Hviid

5. Manuscript Title
Measles, Mumps, Rubella Vaccination and Autism: A Nationwide Cohort Study

6. Manuscript Identifying Number (if you know it)
M18-2101

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novo Nordisk Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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Section 6. Disclosure Statement

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Dr. Hansen reports grants from Novo Nordisk Foundation, during the conduct of the study; .

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) Morten	2. Surname (Last Name) Frisch	3. Date 02-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anders Hviid
5. Manuscript Title Measles, Mumps, Rubella Vaccination and Autism		
6. Manuscript Identifying Number (if you know it) M18-2101		

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Frisch has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mads	2. Surname (Last Name) Melbye	3. Date 08-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anders Hviid
5. Manuscript Title Measles, Mumps, Rubella Vaccination and Autism		
6. Manuscript Identifying Number (if you know it) M18-2101		

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Dr. Melbye has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Anders

2. Surname (Last Name)
Hviid

3. Date
16-February-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Measles, Mumps, Rubella Vaccination and Autism: A Nationwide Cohort Study

6. Manuscript Identifying Number (if you know it)
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