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Date: 10. december 2021
Your name: Tobias Sejbaek
Manuscript title: Validation of patient reported triage algorithms is needed before clinical implementation
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Tim	Time frame: past 36 months			
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	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	⊠ None		

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus, manuscript writing or educational events		
<i>C</i>	Dayment for event	N/ N	
6	Payment for expert testimony	⊠ None	
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7	Cupport for attending	N N	
'	Support for attending meetings and/or travel	⊠ None	
0	Datants planned issued or	N/ N	
8	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data	N N	
9	Safety Monitoring Board	⊠ None	
	or Advisory Board		
		_	
10	Leadership or fiduciary role in other board,	⊠ None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	⊠ None	
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Dat	e: 10. december 2021		
You	ı r name : Tatiana Viktoria Dar	nielsen	
Mai	nuscript title: Validation of p	patient reported triage algori	thms is needed before clinical implementation
Mai	nuscript number (if known):	
are ro third comr list a	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit cent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current
The aperta	ains to the epidemiology of sypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
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Time		needed)	
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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non- financial interests	None

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Date: 10. december 2021	
Your name: Eva Myrdal	
Manuscript title: Validation of patient reported triage algorithms is needed before clinical impl	ementation
Manuscript number (if known):	

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