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Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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Effective Date: |12-July-2011

Surname:

Section 1. Identifying Information.

Given Name:

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Section 2. Information	about t	he suppor	t of the work u	ınder consideration	for publication.	
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Gifts	\boxtimes					Del ×
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Patents (planned, pending or issued)	\boxtimes					Del×
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Royalties	\boxtimes					Del ×
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Payment for development of educational presentations including service on speakers' bureaus						Del ×
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Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Effective Date: |12-July-2011

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Section 1. Identifying Information.

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
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Gifts	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Jensen 1



Section 1. Identifying Information.

Board membership

Consultancy

Employment

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Given Name: (or first)	Morten Lind		Surname: (or last)	Jensen		Effective Date:	12-July-2011	
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Corresponding	g author's n	ame: Charl	es Kromann					
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Jensen 3



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Given Name: (or first)	Charlotte	Surname: (or last)	Ringsted	Effective Date:	12-July-2011
Are you the	corresponding author? [Yes N	No	Format examp	ole: 07-August-2008
Corresponding	g author's name: Charle	es Kromann			
Manuscript T	itle: Test-forstærket lærir	g i medicinsk ι	ıddannelse		
Manuscript Id	lentifying Number (if yo	ou know it): [
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If you have mo	ore than one relationship,	click "Add +"	to add a row. Click "Del ×" to	delete an extra row.	

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del×
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Consultancy	\boxtimes					Del ×
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Employment	\boxtimes					Del×
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Expert testimony	\boxtimes					Del×
						Add +
Gifts	\boxtimes					Del ×
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Grants/grants pending	\boxtimes					Del ×
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Stock/stock options	\boxtimes					Del ×
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