

## 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) Anette	2. Surname (Last Name) Holm	3. Date 27-September-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Kemp
5. Manuscript Title Hospitalserhvervede infektioner og multiresistente bakterier hos ældre		
6. Manuscript Identifying Number (if you know it)		

### 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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Holm has nothing to disclose.

### 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) Hanne Marie	2. Surname (Last Name) Holt	3. Date 27-September-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Hospitalserhvervede infektioner og multiresistente bakterier hos ældre	_____	
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Dr. Holt has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Kemp

3. Date  
29-September-2013

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Hospitalserhvervede infektioner og multiresistente bakterier hos ældre

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
Hans Jørn

2. Surname (Last Name)  
Kolmos

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Michael Kemp

5. Manuscript Title  
Ældre har særlig høj risiko for at pådrage sig hospitalsinfektioner

6. Manuscript Identifying Number (if you know it)  
UFL-09-13-0574

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Dr. Hans Jørn Kolmos has nothing to disclose.

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