

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Peter

2. Surname (Last Name)  
Vestergaard

3. Date  
08-January-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Formidling af faglig viden/information til læger

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

### 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 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Vestergaard 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)  
Jakob
2. Surname (Last Name)  
Starup-Linde
3. Date  
07-January-2014
4. Are you the corresponding author? ☐ Yes ☒ No  
Corresponding Author's Name  
Peter Vestergaard
5. Manuscript Title  
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Dr. Starup-Linde 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)  
Signe Engkjær
2. Surname (Last Name)  
Christensen
3. Date  
12-January-2014
4. Are you the corresponding author? ☐ Yes ☒ No  
Corresponding Author's Name  
Peter Vestergaard
5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Christensen 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) Jens Frederik	2. Surname (Last Name) Dahlerup	3. Date 07-January-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Peter Vestergaard
5. Manuscript Title Formidling af faglig viden/information til læger		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Lectures for Pharmacosmos, MSD and AbbVie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lectures

### 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. Dahlerup reports personal fees from Lectures for Pharmacosmos, MSD and AbbVie, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ulla

2. Surname (Last Name)  
Bartels

3. Date  
08-January-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Formidling af faglig viden til Læger

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Bartels 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)  
Ole
2. Surname (Last Name)  
Færgeman
3. Date  
07-January-2014
4. Are you the corresponding author? ☐ Yes ☒ No  
Corresponding Author's Name  
Peter Vestergaard
5. Manuscript Title  
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Færgeman has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Ulrik

2. Surname (Last Name)

Gerdes

3. Date

07-January-2014

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Peter Vestergaard

5. Manuscript Title

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

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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. Gerdes Has nothing to disclose

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### Section 1. Identifying Information

1. Given Name (First Name)  
Stig

2. Surname (Last Name)  
Andersen

3. Date  
09-January-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Peter Vestergaard

5. Manuscript Title  
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Dr. Andersen Has nothing to disclose

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