

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Janus Laust

2. Surname (Last Name)

Thomsen

3. Date

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Kvalitetsudvikling og kronisk sygdom i almen praksis

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

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Dr. Thomsen.Has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)
Lars Gehlert

2. Surname (Last Name)
Johansen

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Janus Laust Thomsen

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Dr. Johansen.Has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)
Berit

2. Surname (Last Name)
Lassen

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Janus Laust Thomsen

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Dr. Lassen Has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)
Henrik

2. Surname (Last Name)
Rasmussen

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Janus Laust Thomsen

5. Manuscript Title
Kvalitetsudvikling og kronisk sygdom i almen praksis

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1. Given Name (First Name)
Bo

2. Surname (Last Name)
Christensen

3. Date

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Yes No

Corresponding Author's Name

Janus Laust Thomsen

5. Manuscript Title
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Dr. Christensen Has nothing to disclose

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