

Section 1. Identifying Inform	nation	
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 k	now it)	
Section 2. The Work Under C	onsideration for Publication	
	g but not limited to grants, data monitoring be	overnment, commercial, private foundation, etc.) for oard, study design, manuscript preparation,
Section 3.		
Kelevant financial	activities outside the submitted wo	
of compensation) with entities as descr		financial relationships (regardless of amount each entity; add as many lines as you need by ing the 36 months prior to publication.
Are there any relevant conflicts of interest	est? Yes Vo	
Section 4. Intellectual Proper	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant	to the work? Yes V No

Thomsen 2



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. Thomsen.Has nothing to disclose

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Section 1. Identifying Inform	nation		
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	
5. Manuscript Title Kvalitetsudvikling og kronisk sygdom i	almen praksis		
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under Co	onsideration for Public	ation	
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 Vo			
Section 3. Relevant financial			
Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo			
Section 4. Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any patents, whether plant	ned, pending or issued, bro	oadly relevant to the work? Yes V No	



Section 5.			
	Relationships not covered above		
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the follo	Yes, the following relationships/conditions/circumstances are present (explain below):		
No other relationships/conditions/circumstances that present a potential conflict of interest			
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement		
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Johansen.I	Has nothing to disclose		

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Johansen



Section 1. Identifying Inform	nation	
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
5. Manuscript Title Kvalitetsudvikling og kronisk sygdom i	almen praksis	
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under Co	onsideration for Publi	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the :	submitted work.
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo		
Section 4. Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes Vo

Lassen 2



Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
=	wing relationships/conditions/circumstances are present (explain below): tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Lassen Has	s nothing to disclose

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Lassen



Section 1. Identifying Inform	nation		
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		
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under C	onsideration for Public	ration	
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 s	submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo			
Section 4. Intellectual Proper	rty Patents & Copyrig	yhts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes Vo	

2



Section 5.	Relationships not covered above
lanca de la companya	
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
At the time of ma On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	
Dection of	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Rasmusser	n Has nothing to disclose

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Section 1. Identifying Inform	nation	
Given Name (First Name) Bo	2. Surname (Last Name) Christensen	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	
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Week Under C	onsideration for Publi	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr	ribed in the instructions. Use port relationships that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Section 4. Intellectual Prope	rty Patents & Copyri	nhts
intellectual Prope		
Do you have any patents, whether plar	nned, pending or issued, b	roadly relevant to the work? ☐ Yes 🗸 No



Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
_	wing relationships/conditions/circumstances are present (explain below): ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Christense	en Has nothing to disclose

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.