

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Torben

2. Surname (Last Name)
Jørgensen

3. Date
07-February-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Sundhed for alle - på tværs af sektorer!

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 6. Disclosure Statement

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Dr. Jørgensen Has nothing to disclose

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Knud

2. Surname (Last Name)
Juel

3. Date
07-February-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Torben Jørgensen

5. Manuscript Title
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Dr. Juel Has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)
Camilla
2. Surname (Last Name)
Palmhøj Nielsen
3. Date
10-February-2014
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Torben Jørgensen
5. Manuscript Title
6. Manuscript Identifying Number (if you know it)
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Dr. Palmhøj Nielsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jens

2. Surname (Last Name)

Krogh

3. Date

17-February-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Torben Jørgensen

5. Manuscript Title

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Dr. Krogh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jesper
2. Surname (Last Name)
Luthmann
3. Date
17-February-2014
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Torben Jørgensen
5. Manuscript Title
Sundhed for alle - på tværs af sektorer
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

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. Luthmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Maja

2. Surname (Last Name)
Larsen

3. Date
17-February-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Dr. Larsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Martin

2. Surname (Last Name)
Nielsen-Mann

3. Date
17-February-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Torben Jørgensen

5. Manuscript Title
Sundhed for alle - på tværs af sektorer

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Dr. Nielsen-Mann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Morten

2. Surname (Last Name)
Ørsted-Rasmussen

3. Date
17-February-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jørgensen T

5. Manuscript Title
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Dr. Ørsted-Rasmussen has nothing to disclose.

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1. Given Name (First Name)
Pia
2. Surname (Last Name)
Assenholm
3. Date
17-February-2014
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Torben Jørgensen
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Dr. Assenholm has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
Margit Mortensen 17-February-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name
Torben Jørgensen

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Dr. Mortensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
bjarne bruun

2. Surname (Last Name)
jensen

3. Date
7.2.14

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

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Dr. Jensen Has nothing to disclose

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