

Section 1. Identifying Inform	nation	
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 k	:now it)	
Section 2. The Work Under C	Consideration for Publication	
Did you or your institution at any time recany aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of the state of the submitted work.	g but not limited to grants, data monitorii	y (government, commercial, private foundation, etc.) for ng board, study design, manuscript preparation,
Section 3. Relevant financial	l activities outside the submitted	d 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 Prope	erty Patents & Copyrights	
Do you have any patents, whether plan	nned, pending or issued, broadly relev	vant to the work?



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. Jørgensen Has nothing to disclose

Evaluation and Feedback



Section 1. Identifying Inform	nation	
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 Sundhed for alle - på tværs af regioner!		
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publi	cation
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	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 Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, b	roadly relevant to the work? Yes Vo



Section 5.	
Children on the Children of th	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	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, jour	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. The may ask authors to disclose further information about reported relationships.
Section 6.	
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Juel Has no	thing to disclose

Evaluation and Feedback



Section 1. Identifying Inform	nation	
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 kr Sundhed for alle - på tværs af sektorer!	now it)	
Section 2. The Work Under C	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, b	roadly 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	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	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. Irnals may ask authors to disclose further information about reported relationships.
Section 6.	
10000	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Palmhøj Niel	sen has nothing to disclose.

Evaluation and Feedback



Section 1. Identifying Inform	ation	
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 Sundhed for alle - på tværs af sektorer		
6. Manuscript Identifying Number (if you kn	ow it)	
THE RESIDENCE CONTRACTOR OF THE PROPERTY OF TH		
Section 2. The Work Under Co	nsideration for Public	ation
any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of interes	st? Yes ✓ No	*
5		
Section 3. Relevant financial a	ctivities outside the s	ubmitted work.
of compensation) with entities as describ clicking the "Add +" box. You should repo	oed in the instructions. Use ort relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
Are there any relevant conflicts of interes	t?	
Section 4. Intellectual Propert	y Patents & Copyrig	hts
Do you have any patents, whether planne	ed, pending or issued, bro	adly relevant to the work? Yes Vo



Section 5. Polotic making and all and a section 5.	
Relationships not covered above	
Are there other relationships or activities that readers could perceive to have potentially influencing, what you wrote in the submitted work?	influenced, or that give the appearance of
Yes, the following relationships/conditions/circumstances are present (ex	plain below):
$\label{eq:conditions}$ 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 On occasion, journals may ask authors to disclose further information about re	d, if necessary, update their disclosure statements eported relationships.
Section 6. Disclosure Statement	
Based on the above disclosures, this form will automatically generate a disclosure below.	sure statement, which will appear in the box
Dr. Krogh has nothing to disclose.	

Evaluation and Feedback



Section 1. Identifying Inform	nation	
 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 ki	now it)	
Section 2. The Week Under C		
The Work Onder C	onsideration for Publi	
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.
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 Prope	ut. Determine & Commission	alata
Intellectual Prope	rty Patents & Copyri	gnts
Do you have any patents, whether plan	nned, pending or issued, b	roadly relevant to the work? Yes V No



Section 5.	Polationships not sovered shows
	Relationships not covered above
Are there other r potentially influe	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
	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. Luthmann ha	is nothing to disclose.

Evaluation and Feedback



Section 1. Identifying Inform	ation	
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 Sundhed for alle – på tværs af sektorer!		
6. Manuscript Identifying Number (if you kn	ow it)	
Section 2. The Work Under Co	onsideration for Public	ation
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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 V No		
Section 4. Intellectual Proper	ty Patents & Copyri	yhts
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the work? Yes Vo



Section 5.	Relationships not covered above
	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
	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. Larsen has no	othing to disclose.

Evaluation and Feedback

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

Larsen



Section 1. Identifying Inform	ation	
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		
6. Manuscript Identifying Number (if you know	ow it)	
Section 2. The Work Under Co	nsideration for Public	ation
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial a	ctivities outside the s	ubmitted work.
of compensation) with entities as describ	ped in the instructions. Us ort relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
Section 4. Intellectual Property	y Patents & Copyrig	hts
Do you have any patents, whether planne	ed, pending or issued, bro	adly relevant to the work? Yes V No



	200 (200 (200 (200 (200 (200 (200 (200	MIGHERTO SHIVEHITE
Section 5.	Relationships not covered above	
Are there other r	relationships or activities that readers could perceive to have influenced, or that give the appearar encing, what you wrote in the submitted work?	nce of
<u> </u>	wing relationships/conditions/circumstances are present (explain below): tionships/conditions/circumstances that present a potential conflict of interest	
At the time of ma On occasion, jour	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure rnals may ask authors to disclose further information about reported relationships.	statement:
Section 6.	Disclosure Statement	
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in t	he box
Dr. Nielsen-Mann	has nothing to disclose.	

Evaluation and Feedback

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



Section 1. Identifying Inform	mation	
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 Sundhed for alle – på tværs af sektorer	r!	
6. Manuscript Identifying Number (if you l	know it)	
Section 2. The Work Under 0	Consideration for Publi	cation
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 financia	l 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 Prope	erty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, b	roadly relevant to the work? Yes Vo



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		
	nuscript 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.		
Delates	Disclosure Statement	
Based on the abo below.	we disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Ørsted-Rasm	ussen 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.

Ørsted-Rasmussen



Section 1. Identifying Inform	nation	
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
5. Manuscript Title Sundhed for alle - på tværs af sektorer		
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Week Under C		
The Work Under C	onsideration for Publi	
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.
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 Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, b	roadly relevant to the work? Yes Vo



Section 5.	Relationships not covered above	
	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 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, 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. Assenholm h	as nothing to disclose.	

Evaluation and Feedback



Section 1. Identifying Inform	nation	
Given Name (First Name) Margit	2. Surname (Last Name) Mortensen	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 k	know it)	
Section 2. The Week Under C		
The work onder C	Consideration for Publication for Publication from Publication for Publication from Publica	a third party (government, commercial, private foundation, etc.) for
any aspect of the submitted work (includin statistical analysis, etc.)?	g but not limited to grants, da	ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inter	rest?	
Section 3. Relevant financia	l activities outside the	submitted work
		ether you have financial relationships (regardless of amount
of compensation) with entities as desc	ribed in the instructions. U	se one line for each entity; add as many lines as you need by
Are there any relevant conflicts of inter		re present during the 36 months prior to publication.
Section 4. Intellectual Prope	erty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, b	roadly 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 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. 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. Mortensen h	as 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.

Mortensen



Section 1. Identifying Inform	nation	
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 Sundhed for alle - på tværs af sektorer!		
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	Consideration for Publi	cation
Did you or your institution at any time receany aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of interesting the statistical analysis.	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.
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 V No		
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, b	roadly relevant to the work? Yes V No



Section 5.	Relationships not covered above	
	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 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. 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. Jensen Has	nothing to disclose	

Evaluation and Feedback