

#### Instructions

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#### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

#### 2. The work under consideration for publication.

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### 4. Other relationships.



Section 1.	Identifying Infor	mation	
1. Given Name (Firs Solvejg	st Name)	2. Surname (Last Name) Kristensen	3. Effective Date (07-August-2008) 19-February-2013
4. Are you the corre	esponding author?	✓ Yes No	
5. Manuscript Title Patientsikkerheds	skultur - hvad, hvorfo	r og hvordan?	
6. Manuscript Iden	tifying Number (if you l	know it)	

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	$\checkmark$					×	
						ADD	
2. Consulting fee or honorarium	$\checkmark$					×	
						ADD	
3. Support for travel to meetings for the study or other purposes	$\checkmark$					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	$\checkmark$					×	
						ADD	
5. Payment for writing or reviewing the manuscript	$\checkmark$					×	
						ADD	
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	✓					×	



The Work Under Consideration for Publication							
Type No Paid Your Name of Entity Comments** to You Institution*							
						ADD	
7. Other	$\checkmark$					×	
						ADD	

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	$\checkmark$					×	
						ADD	
2. Consultancy	$\checkmark$					×	
2. Consultancy	$\checkmark$					×	
						ADD	
3. Employment		$\checkmark$		Central Denmark Region and the Danish Society for Patient Safety		×	
						ADD	
4. Expert testimony	$\checkmark$					×	
						ADD	
5. Grants/grants pending	$\checkmark$					×	
						ADD	



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
6. Payment for lectures including service on speakers bureaus		$\checkmark$		Aarhus University and Southern Denmark University		×
						ADD
7. Payment for manuscript preparation	$\checkmark$					×
						ADD
<ol> <li>Patents (planned, pending or issued)</li> </ol>	$\checkmark$					×
						ADD
9. Royalties		$\checkmark$		Munksgaard		×
						ADD
10. Payment for development of educational presentations	$\checkmark$					×
						ADD
11. Stock/stock options	$\checkmark$					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	$\checkmark$					×
						ADD
13. Other (err on the side of full disclosure)	$\checkmark$					×
						ADD

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Section 1.	Identifying Inform	ation		
1. Given Name (Fi Paul	rst Name)	2. Surname (Last Name Bartels	2)	3. Effective Date (07-August-2008) 21-February-2013
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Solvejg Kristensen	ame
5. Manuscript Title Patientsikkerhec	e Iskultur - hvad, hvorfor	og hvordan?		
6. Manuscript Idei	ntifying Number (if you kn	iow it)		

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1. Grant	$\checkmark$					×	
						ADD	
2. Consulting fee or honorarium	$\checkmark$					×	
						ADD	
3. Support for travel to meetings for the study or other purposes	$\checkmark$					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	$\checkmark$					×	
						ADD	
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	$\checkmark$					×	
						ADD	
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	✓					×	



The Work Under Consideration for Publication							
Type No Paid Your Name of Entity Comments** to You Institution*							
						ADD	
7. Other	$\checkmark$					×	
						ADD	

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1. Board membership	$\checkmark$					×		
						ADD		
2. Consultancy	$\checkmark$					×		
						ADD		
3. Employment		$\checkmark$		Region Midtjylland		×		
						ADD		
4. Expert testimony	$\checkmark$					×		
						ADD		
5. Grants/grants pending	$\checkmark$					×		
						ADD		
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	$\checkmark$					×		
						ADD		
7. Payment for manuscript preparation	$\checkmark$					×		



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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
<ol> <li>Patents (planned, pending or issued)</li> </ol>	$\checkmark$					×		
						ADD		
9. Royalties		$\checkmark$		Munksgaard		×		
						ADD		
10. Payment for development of educational presentations	$\checkmark$					×		
						ADD		
11. Stock/stock options	$\checkmark$					×		
						ADD		
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	$\checkmark$					×		
						ADD		
13. Other (err on the side of full disclosure)	$\checkmark$					×		
						ADD		

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1. Given Name (Fi Svend	rst Name)	2. Surname (Last Name) Sabroe		3. Effective Date (07-August-2008) 18-February-2013
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Solvejg Kristensen	me
5. Manuscript Title Patientsikkerhec	e Iskultur - hvad, hvorfo	r og hvordan?		

6. Manuscript Identifying Number (if you know it)

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	$\checkmark$					×	
						ADD	
2. Consulting fee or honorarium	$\checkmark$					×	
						ADD	
3. Support for travel to meetings for the study or other purposes	$\checkmark$					×	
						ADD	
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	$\checkmark$					×	
						ADD	
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	$\checkmark$					×	
						ADD	
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	✓					×	



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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	$\checkmark$					×
						ADD

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	$\checkmark$					×
						ADD
2. Consultancy	$\checkmark$					×
						ADD
3. Employment		$\checkmark$		Aarhus Universitet		×
						ADD
4. Expert testimony		$\checkmark$		Tryg Fonden		×
						ADD
5. Grants/grants pending		$\checkmark$		Sundhedsstyrelsen		×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	$\checkmark$					×
						ADD
7. Payment for manuscript preparation	$\checkmark$					×



Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	$\checkmark$					×
						ADD
9. Royalties		$\checkmark$		FADL's Forlag		×
						ADD
10. Payment for development of educational presentations	$\checkmark$					×
						ADD
11. Stock/stock options	$\checkmark$					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>		$\checkmark$		Københavns- og Syddansk Universitet		×
						ADD
13. Other (err on the side of full disclosure)	$\checkmark$					×
						ADD

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Section 1.	Identifying Inform	nation		
1. Given Name (Fi Jan	rst Name)	2. Surname (Last Name) Mainz		3. Effective Date (07-August-2008) 25-February-2013
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Solvejg Kristensen	me
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1. Grant	$\checkmark$					×
						ADD
2. Consulting fee or honorarium	$\checkmark$					×
						ADD
3. Support for travel to meetings for the study or other purposes	$\checkmark$					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	✓					×
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						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	✓					×



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1. Board membership	$\checkmark$					×
						ADD
2. Consultancy	$\checkmark$					×
						ADD
3. Employment		$\checkmark$		Region Nord		×
3. Employment		$\checkmark$		Aarhus Universitet		×
3. Employment		$\checkmark$		Syddansk Universitet		×
						ADD
4. Expert testimony	$\checkmark$					×
						ADD
5. Grants/grants pending	$\checkmark$					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	$\checkmark$					×



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
7. Payment for manuscript preparation	$\checkmark$					×
						ADD
<ol> <li>Patents (planned, pending or issued)</li> </ol>	$\checkmark$					×
						ADD
9. Royalties		$\checkmark$		Munksgaard		×
						ADD
10. Payment for development of educational presentations	$\checkmark$					×
						ADD
11. Stock/stock options	$\checkmark$					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	$\checkmark$					×
						ADD
13. Other (err on the side of full disclosure)	$\checkmark$					×
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<b>C</b> /	<b>VE</b>	
F		

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