

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Katrina

2. Surname (Last Name)

Hutton Carlsen

3. Date

14-March-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

NemSMS og patientudblivelser, potentiale for forbedring

6. Manuscript Identifying Number (if you know it)

UFL-03-14-0176

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Hutton Carlsen has nothing to disclose.

### Evaluation and Feedback

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Troels

2. Surname (Last Name)

Ulrik Eliassen

3. Date

14-March-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Katrina Hutton Carlsen

5. Manuscript Title

NemSMS og patientudblivelser, potentiale for forbedring

6. Manuscript Identifying Number (if you know it)

UFL-03-14-0176

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Dr. Ulrik Eliassen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Karen

2. Surname (Last Name)  
Marie Carlsen

3. Date  
14-March-2014

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Katrina Hutton Carlsen

5. Manuscript Title  
NemSMS og patientudblivelser, potentiale for forbedring

6. Manuscript Identifying Number (if you know it)  
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Dr. Marie Carlsen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Jørgen	2. Surname (Last Name) Serup	3. Date 14-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katrina Hutton Carlsen
5. Manuscript Title NemSMS og patientudblivelser, potentiale for forbedring		
6. Manuscript Identifying Number (if you know it) UFL-03-14-0176		

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