



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Gjersøe

3. Date
10-April-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Peter Qvist

5. Manuscript Title

KOL forløbsprogrammer har begrænset indvirkning på lægers tværsektorielle samarbejde

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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Section 4. Intellectual Property – Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Gjersøe has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lars

2. Surname (Last Name)

Morsø

3. Date

11-April-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Peter Qvist

5. Manuscript Title

Begrænset indvirkning af KOL forløbsprogram på lægeligt tværsektorielt samarbejde

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Morsø has nothing to disclose.

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1. Given Name (First Name)
Morten

2. Surname (Last Name)
Sall Jensen

3. Date
09-April-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Peter Qvist

5. Manuscript Title

KOL forløbsprogrammer har begrænset indvirkning på lægers tværsektorielle samarbejde

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Peter

2. Surname (Last Name)
Qvist

3. Date
14-April-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
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