

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Stine Finne	2. Surname (Last Name) Jakobsen	3. Date 13-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karina Rahbek Axelsen
5. Manuscript Title Lokale udmøntninger af forløbskoordinationsfunktionen for kræftpatienter. En selv-evaluerende.		
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

### Section 3. Relevant financial activities outside the submitted work.

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### 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. Jakobsen has nothing to disclose.

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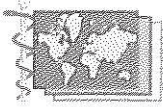
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) *PER*      2. Surname (Last Name) *GANDRUP*      3. Date *15/2-2014*
4. Are you the corresponding author?       Yes       No
5. Manuscript Title *LOKALE UDKLÆTNINGER AF FØRLEBSKORREKTIONS FUNKTIONER FOR KRÆFTPACIENTER*
6. Manuscript Identifying Number (if you know it)

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PER GAW IKLII



# Forfatterskabserklæring • Ugeskrift for Læger

Forfatterskabserklæringen indeholder også de obligatoriske forfatteroplysninger. Det er derfor vigtigt, at alle oplysninger skrives direkte ind i formularen – hvorefter den kan printes ud og underskrives.

Manuskriptets titel: Lokale udmøntninger af forløbskoordinationsfunktionen for kræftpatienter. En selvevaluering

UFL-nr. – (hvis kendt): Artikeltype.: Udviklingsartikel

Hermed erklæres og indestås for,

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- at nødvendige tilladelser til benyttelse af patientoplysninger, laboratedata, billeddiagnostiske og patologiske undersøgelser osv. foreligger,
- at manuskriptet, såfremt det udgår fra en institution eller afdeling, er accepteret til fremsendelse i den foreliggende form af den ansvarlige på institutionen eller afdelingen,
- at personer og institutioner, der er nævnt i taksigelsesafsnittet, har accepteret dette
- at det i manuskriptet præsenterede arbejde, indtil det publiceres i Ugeskriftet eller på [www.ugeskriftet.dk](http://www.ugeskriftet.dk), eller afvises, ikke vil blive publiceret andetsteds, herunder i nyhedsmedier, uden forudgående aftale med redaktionen,
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- at bilaget "ICMJE Form for Disclosure of Potential Conflicts of Interest" er udfyldt og indsendt sammen med "Forfatterskabserklæring"

Korrespondanceansvarlig forfatter:

Navn: Karina Rahbek Axelsen

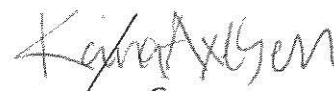
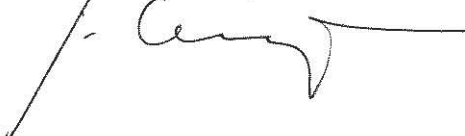
Adresse: Carl Th. Zahles Gade 4, 6.mf, 2300 København S

Telefon i dagtimerne: 26356833

E-mail: [karina.rahbek@gmail.com](mailto:karina.rahbek@gmail.com)

Et forfatterskab forudsætter at man opfylder alle fire kriterier for forfatterskab jf. Vancouverreglerne nævnt ovenfor. Dette gælder også alle dem, der i multicenterstudier fremstår som forfattere. Alle andre, der har bidraget til arbejdet, og som ikke er medforfattere, skal nævnes under Taksigelser og det skal beskrives, hvad de har bidraget med. Taksigelser kan tilføjes på side 2 af dette dokument.

Manuskriptets forfattere (alle felter for hver forfatter skal udfyldes)

Navn	Institution / afdeling	Underskrift
Karina Rahbek Axelsen	Kvalitet & Patientsikkerhed, Kræftens Bekæmpelse	
PER GANDRUP	KLINIK KIR - KRÆFT AALBORG UNIV. HOSP.	

## Taksigelser:

Manuskriptets titel:

Alle der har bidraget til arbejdet på manuskriptet, men som ikke opfylder alle fire kriterier for forfatterskab jf. Vancouverreglerne, skal nævnes under Taksigelser og det skal beskrives, hvad de har bidraget med.

Det er forfatterens ansvar, at alle personer og institutioner, der nævnes under Taksigelser, har accepteret dette.

Taksigelser (alle felter for hver person/institution skal udfyldes)

Person / Institution

Bidrag



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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Janne Lehmann
2. Surname (Last Name)  
Knudsen
3. Date  
07-February-2014
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Karina Rahbek Axelsen
5. Manuscript Title  
Lokale udmøntninger af forløbskoordinatorfunktionen for kræftpatienter. En selvevaluering
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Karina Rahbek

2. Surname (Last Name)

Axelsen

3. Date

10-February-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Lokale udmøntninger af forløbskoordinationsfunktionen for kræftpatienter. En selv-evaluering

6. Manuscript Identifying Number (if you know it)

UFL-02-14-0091

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hanne	2. Surname (Last Name) Nafei	3. Date 19-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karina Axelsen
5. Manuscript Title Lokale udmøntninger af forløbskoordinationsfunktionen for kræftpatienter. En selvevaluering		
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.

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**.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### 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):
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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

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