

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mette 2. Surname (Last Name) Hansen 3. Date 11-April-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Patient activated help call in a Danish Regional Hospital

6. Manuscript Identifying Number (if you know it)
UFL-04-14-0235

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Central Denmark Region	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulje til kompetence udvikling

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Mrs. Hansen reports grants from Central Denmark Region , during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) _____ 2. Surname (Last Name) _____ 3. Date _____
 Jens _____ Kelsen _____ 10-April-2014 _____

4. Are you the corresponding author? Yes No Corresponding Author's Name _____
 Mette Mejlby Hansen _____

5. Manuscript Title _____
 Patient activated help call in a Danish Regional Hospital _____

6. Manuscript Identifying Number (if you know it) _____

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Dr. Kelsen reports grants from Central Denmark Region, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Birgith

2. Surname (Last Name)
Hasselkvist

3. Date
11-April-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Mette Mejlby Hansen

5. Manuscript Title
Patient activated help call in a Danish Regional Hospital

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Mette Mejlby Hansen

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4. Are you the corresponding author? Yes No Corresponding Author's Name
Mette Mejlby Hansen

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