

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.

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.

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.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Martin

2. Surname (Last Name)

Tolsgaard

3. Date

21-February-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Klinisk kompetencevurdering. Hvordan og hvorfor

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 6. Disclosure Statement

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

Dr. Tolsgaard has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Lars	2. Surname (Last Name) Konge	3. Date 21-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin G. Tolsgaard
5. Manuscript Title Klinisk kompetencevurdering. Hvordan og hvorfor		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Doris	2. Surname (Last Name) Østergaard	3. Effective Date (07-August-2008) 12-August-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tolsgaard MG
5. Manuscript Title Klinisk kompetencevurdering. Hvorfor og hvordan?		
6. Manuscript Identifying Number (if you know it)		

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laerdal Foundation		<input checked="" type="checkbox"/>
						ADD
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Laerdal Foundation		<input checked="" type="checkbox"/>
						ADD

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1. Given Name (First Name) Charlotte	2. Surname (Last Name) Ringsted	3. Effective Date (07-August-2008) 21-February-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Martin G Tolsgaard
5. Manuscript Title Klinisk kompetencevurdering - Hvorfor og hvordan?		
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1. Given Name (First Name) Torben	2. Surname (Last Name) Schroeder	3. Date 21-February-2014
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5. Manuscript Title Klinisk kompetencevurdering. Hvordan og hvorfor		
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