

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.

Identifying information.

2. The work under consideration for publication.

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Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

Relationships not covered above.

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

Nielsen 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Signe Smith	2. Surname (Last Name) Nielsen	3. Date 11-March-2014	
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Sabrina Jensen	
5. Manuscript Title Sundhedsprofessionelles oplevelser af	møder med etniske minor	iteter i behandling af type 2 diabetes	
6. Manuscript Identifying Number (if you ki UFL-04-14-0214	now it)		
Section 2. The Work Under C	onsideration for Public	cation	
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
Section 3. Relevant financial	activities outside the s	submitted work.	
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Section 4. Intellectual Prope	rty Patents & Copyrig	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.			
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. Nielsen has nothing to disclose.			

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Nielsen 3



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Hempler 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi Nana Folmann	rst Name)	2. Surname (Last Name) Hempler	3. Date 27-March-2014
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Sabrina Jensen
	sionelles oplevelser af r		teter i behandling af type 2 diabetes rities in treatment of type 2 diabetes
6. Manuscript Idei	ntifying Number (if you kn	ow it)	·
Section 2.	The Work Under Co	onsideration for Public	ation
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Hempler 2



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Health Service a	dempler is employed by Steno Diabetes Center A/S a research Hospital working in the Danish National and owned by Novo Nordisk A/S. Steno Diabetes Center receives part of its core funding from unrestricted lovo Foundation and Novo Nordisk A/S.			

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Jensen 1



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 5. Manuscript Title Sundhedsprofessionelles oplevelser af møder med etniske minoriteter i behandling af type 2 diabetes Healthcare professionals' perceptions of encounters with ethnic minorities in treatment of type 2 diabetes 6. Manuscript Identifying Number (if you know it) 					
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Jensen 3