

ICMJJE 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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3. 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.

5. Relationships not covered above.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Cecilie Balslev

2. Surname (Last Name)
Willert

3. Date
31-March-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Patient-rapporterede spørgeskemaer i klinisk forskning og praksis- del I: Udvikling af patient-rapporterede spørgeskemaer

6. Manuscript Identifying Number (if you know it)
UFL-08-14-0450

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Are there any relevant conflicts of interest? Yes No

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Dr. Willert has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Kristian

2. Surname (Last Name)
Thorborg

3. Date
31-March-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Cecilie Balslev Willert

5. Manuscript Title
Patient-rapporterede spørgeskemaer i klinisk forskning og praksis- del I: Udvikling af patient-rapporterede spørgeskemaer

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1. Given Name (First Name)

Lisbet Rosenkrantz

2. Surname (Last Name)

Hölmich

3. Date

31-March-2015

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Yes No

Corresponding Author's Name

Cecilie Balslev Willert

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