

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.

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2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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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Pending: The patent has been filed but not issued

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Louise

2. Surname (Last Name)
Binow Kjær

3. Date
18-September-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Status på kommunikationsundervisning i lægeuddannelsen

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Binow Kjær has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anne Mette	2. Surname (Last Name) Mørcke	3. Date 09-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Louise Binow Kjær
5. Manuscript Title Status på kommunikationsundervisning i lægeuddannelsen		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Mørcke has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jane Ege

2. Surname (Last Name)

Møller

3. Date

03-September-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Louise Binow Kjær

5. Manuscript Title

Status på kommunikationsundervisningen i lægeuddannelsen

6. Manuscript Identifying Number (if you know it)

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Dr. Møller has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mads	2. Surname (Last Name) Christiansen	3. Date 16-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Louise Binow Kjær
5. Manuscript Title Status på kommunikationsundervisning i lægeuddannelsen		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maja	2. Surname (Last Name) O'Connor	3. Date 02-September-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Louise Binow Kjær
5. Manuscript Title Status på kommunikationsundervisningen i lægeuddannelsen		
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Section 1. Identifying Information

1. Given Name (First Name) Mai-Britt Worm	2. Surname (Last Name) Ørntoft	3. Date 09-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Louise Binow Kjær
5. Manuscript Title Status på kommunikationsundervisning i lægeuddannelsen		
6. Manuscript Identifying Number (if you know it)		

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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.)?

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