

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.

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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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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) Anders 2. Surname (Last Name) Perner 3. Date 18-September-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Sygdomsbyrdeestimer og nye definitioner af sepsis hos voksne

6. Manuscript Identifying Number (if you know it)
UFL-09-17-0685

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fresenius Kabi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CSL Behring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ferring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Perner reports grants from Fresenius Kabi, grants from CSL Behring, grants from Ferring, outside the submitted work; .

Evaluation and Feedback

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INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Annmarie

2. Surname (Last Name)

Lassen

3. Date

19/9-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Syndrombyrdeestimate og nye definitioner af sepsis hos voksne

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I am supported by an unrestricted grant given from the Tryg Foundation to University of Southern Denmark

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1. Given Name (First Name)

Jens

2. Surname (Last Name)

Schierbeck

3. Date

18-September-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Sygdomsbyrdeestimator og definitioner af sepsis hos voksne

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Dr. Schierbeck has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Merete

2. Surname (Last Name)
Storgaard

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Anders Perner

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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Dr. Storgaard 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) Nanna	2. Surname (Last Name) Reiter	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anders Perner
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Thomas	2. Surname (Last Name) Benfield	3. Date 27-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anders Perner
5. Manuscript Title Sygdomsbyrdeestimator og nye sepsis kriterier hos voksne		
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