

## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Asger

2. Surname (Last Name)

Sonne

3. Date

03-January-2017

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Prehospital Interventions Before and After Implementation of a Physician Staffed Helicopter

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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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Are there any relevant conflicts of interest?  Yes  No

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

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Support was recieved from Trygfonden.

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Dr. Sonne reports support was recieved from Trygfonden.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jacob	2. Surname (Last Name) Steinmetz	3. Date 09-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Asger Sonne
5. Manuscript Title Prehospital Interventions Before and After Implementation of a Physician Staffed Helicopter		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Steinmetz 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) Lars	2. Surname (Last Name) Rasmussen	3. Date 08-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Asger Sonne
5. Manuscript Title Prehospital Interventions Before and After Implementation of a Physician Staffed Helicopter		
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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Support has been received from the TrygFonden

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Dr. Rasmussen reports that Support has been received from the TrygFonden.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Rasmus	2. Surname (Last Name) Hesselfeldt	3. Date 09-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Asger Sonne
5. Manuscript Title Prehospital Interventions Before and After Implementation of a Physician Staffed Helicopter		
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Dr. Hesselfeldt has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Sandra	2. Surname (Last Name) Wulffeld	3. Date 13-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Asger Sonne
5. Manuscript Title Prehospital Interventions Before and After Implementation of a Physician Staffed Helicopter		
6. Manuscript Identifying Number (if you know it)		

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Dr. Wulffeld has nothing to disclose.

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