

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jolanta	2. Surname (Last Name) Zajworoniuk-Wlodarczyk	3. Date 11-May-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Marie Lillevang-Johansen
5. Manuscript Title Emergency department visits and demographic differences of older fall patients in Region Zealand		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Zajworoniuk-Włodarczyk has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Anna

2. Surname (Last Name)

Gaj

3. Date

11-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Marie Lillevang-Johansen

5. Manuscript Title

Emergency department visits and demographic differences of older fall patients in Region Zealand

6. Manuscript Identifying Number (if you know it)

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Dr. Gaj has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ellen

2. Surname (Last Name)
Holm

3. Date
11-May-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Marie Lillevang-Johansen

5. Manuscript Title
Emergency department visits and demographic differences of older fall patients in Region Zealand

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Dr. Holm has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Joanna Justyna	2. Surname (Last Name) Drozdowska	3. Date 11-May-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Marie Lillevang-Johansen
5. Manuscript Title Emergency department visits and demographic differences of older fall patients in Region Zealand		
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1. Given Name (First Name)
Marie

2. Surname (Last Name)
Lillevang-Johansen

3. Date
04-May-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Emergency department visits and demographic differences of older fall patients in Region Zealand

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. Lillevang-Johansen has nothing to disclose.

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1. Given Name (First Name) Johannes	2. Surname (Last Name) Grand	3. Date 08-May-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Marie Lillevang-Johansen
5. Manuscript Title Emergency department visits and demographic differences of older fall patients in Region Zealand		
6. Manuscript Identifying Number (if you know it) 		

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Ann-Kristine

2. Surname (Last Name)
Weber Giger

3. Date
02-June-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Marie Lillevang-Johansen

5. Manuscript Title
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