

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)
Hanne Beck

2. Surname (Last Name)
Mieritz

3. Date
24-July-2017

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

5. Manuscript Title

General practitioners requesting a rapid ambulance response

- An evaluation of the communication between general practitioners and the staff at the emergency medical dispatch

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Mieritz 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)
Søren

2. Surname (Last Name)
Mikkelsen

3. Date
14-July-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Hanne Beck Mieritz

5. Manuscript Title

General practitioners requesting a rapid ambulance response

- An evaluation of the communication between general practitioners and the staff at the emergency medical dispatch

6. Manuscript Identifying Number (if you know it)

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Dr. Mikkelsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Camilla

2. Surname (Last Name)
Rønnov

3. Date
10-July-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Hanne b Mieritz

5. Manuscript Title

General practitioners requesting a rapid ambulance response

- An evaluation of the communication between general practitioners and the staff at the emergency medical dispatch

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1. Given Name (First Name)
Stine

2. Surname (Last Name)
Zwisler

3. Date
10-July-2017

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☐ Yes☒ No

Corresponding Author's Name
Hanne Beck Mieritz

5. Manuscript Title

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Gitte

2. Surname (Last Name)
Jørgensen

3. Date
14-August-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Hanne Mieritz

5. Manuscript Title

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