

#### **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 has five parts.

### 1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

### 2. The work under consideration for publication.

Please provide 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 idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it 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 to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

#### 3. Relevant financial activities outside the submitted work.

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

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### 4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

#### 5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



Jensen

Effective Date: 23-March-2011

Format example: 07-August-2008

Surname:

(or last)

**Section 1. Identifying Information.** 

Jacob Vad

Given Name:

(or first)

Are you the correspo	nding auth	or: X Yes	∐ No			
Manuscript Title: Dani	sh experie	nces with an <i>F</i>	Audience Response S	System used in medical	education	
Manuscript Identifying	Number	(if you know	v it): UFL-12-09-05	66.R2		
Section 2. Information					_	
Did you or your institution limited to grants, data mo	•			• •	f the submitted work (including nalysis, etc)?	g but not
⊠ No						
Yes, specify natur	e of comp	ensation				
compensation) with any easy ou need. Use the conknow about the compens	entities that nments col ation. Rep fall outsider example, ne relations	tes in the table thave an inte- umn to indica- port relationships the 36-more long-term fir	e to indicate whetherest related to the suate any additional in hips that were presenth window that reamancial relationships	er you have financial realismitted work. Use on formation that you thin the during the 36 month ders may want to know that are now ended).	elationships (regardless of amount line for each entity; add as mank a reader or editor would was be prior to submission. In addit wabout and could reasonably could	any lines nt to ion please
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Board membership						Del ×
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Consultancy						Del ×
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Employment						Del ×
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Expert testimony						Del ×
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Gifts	$\boxtimes$					Del ×
						Add +
Grants/grants pending	$\boxtimes$					Del ×
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Honoraria	$\boxtimes$					Del ×
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Payment for manuscript preparation	$\boxtimes$					Del ×
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Patents (planned, pending or issued)	$\boxtimes$					Del ×
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Royalties	$\boxtimes$					Del ×
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Payment for development of educational presentations including service on speakers' bureaus						Del×
						Add +
Stock/stock options	$\boxtimes$					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	$\boxtimes$					Del ×
						Add +
Other (err on the side of full disclosure)	$\boxtimes$					Del ×
						Add +



# Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the
submitted work?
No other relationships/conditions/circumstances that present potential conflict of interest
Yes, the following relationships/conditions/circumstances are present (explain below):

#### Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other)
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Østergaard

Effective Date: 07-December-2010

Surname:

(or last)

**Section 1. Identifying Information.** 

Doris

Given Name:

(or first)

					Format example: 07-Aug	ust-2008
Are you the correspond	ing auth	or? X Yes	□ No		1	
Manuscript Title: Danish	experier	nces with an A	Audience Respons	e System used in medical	education	
Manuscript Identifying N	lumber	(if you knov	v it): UFL-12-09-	0566.R1		
Section 2. Information a	about t	he suppor	t of the work	under consideration	for publication.	
Did you or your institution a limited to grants, data monit	•			, ,	`	ng but not
⊠ No						
Yes, specify nature of	of compo	ensation				
Section 3. Information a	about r	elevant fir	nancial relatio	onships outside the	submitted work.	
Place a check in the appropr				•	1	
					e line for each entity; add as r nk a reader or editor would w	•
know about the compensation	on. Rep	ort relationsh	nips that were pre-	sent during the 36 month	s prior to submission. In add	lition please
disclose relationships that fa you for not disclosing (for ex-				•	about and could reasonably	criticize
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If you have more than one	relations	hip, click "A	dd +" to add a ro	w. Click "Del ×" to dele	te an extra row.	
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(in alphabetical order)	No	Paid to You	Your institution	Entity	Comments	
Board membership	$\boxtimes$					Del ×
						Add +
Consultancy	$\boxtimes$					Del ×
						Add +
Employment	$\boxtimes$					Del ×
						Add +
Expert testimony	$\boxtimes$					Del ×
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Gifts	$\boxtimes$					Del ×
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Grants/grants pending			$\boxtimes$	Laerdal Foundation Trygfonden		Del ×
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Honoraria	$\boxtimes$					Del ×
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Payment for manuscript preparation	$\boxtimes$					Del×
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Patents (planned, pending or issued)	$\boxtimes$					Del×
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Royalties	$\boxtimes$					Del ×
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Payment for development of educational presentations including service on speakers' bureaus	$\boxtimes$					Del×
			1			Add +
Stock/stock options	$\boxtimes$					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed				As part of collaboration with Laerdal) testing simulation equipment		Del×
						Add +
Other (err on the side of full disclosure)	$\boxtimes$					Del ×
						Add +



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Effective Date: 23-March-2011

**Comments** 

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Add +

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Add +

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Surname:

**Section 1. Identifying Information.** 

Given Name:

**Type of Relationship** 

(in alphabetical order)

Board membership

Consultancy

**Employment** 

No

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X

Paid to

You

Your

institution

**Entity** 

(or first)	Anne-Kathri	ne	(or las	st) Hove Fax	cholt	Encetive Bate. 25 March 2011
Are you the	correspond	ing author?	Yes	⊠ No		Format example: 07-August-2008
Correspondin	g author's n	ame: Jaco	ob Vad Jense	en		
Manuscript T	itle: Danish	experience	s with an Au	ıdience Respor	se System used in med	ical education
Manuscript Id	lentifying N	lumber (if	you know	it): UFL-12-09	9-0566.R2	
Section 2. Infe	ormation a	about the	support	of the work	under considerat	ion for publication.
,		•	1 ,	X X	rt in kind for any aspect preparation, statistica	et of the submitted work (including but not l analysis, etc)?
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Section 3. Info	ormation a	about rel	evant fina	ancial relati	onships outside t	he submitted work.
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	$\boxtimes$					Del×
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Gifts	$\boxtimes$					Del ×
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Grants/grants pending	$\boxtimes$					Del ×
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Honoraria						Del ×
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Payment for manuscript preparation	$\boxtimes$					Del×
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Patents (planned, pending or issued)	$\boxtimes$					Del ×
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Royalties	$\boxtimes$					Del ×
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Payment for development of educational presentations including service on speakers' bureaus	$\boxtimes$					Del ×
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Stock/stock options	$\boxtimes$					Del ×
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Travel/accommodations expenses covered or reimbursed	$\boxtimes$					Del×
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Other (err on the side of full disclosure)	$\boxtimes$					Del ×
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