

Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

The work under consideration for publication.

This section asks for 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 requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" 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 with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Reuther 1



| Section 1. Identifying Info | rmation | |
|---|--|--|
| Given Name (First Name) Lene Ørskov | 2. Surname (Last Name) Reuther | 3. Effective Date (07-August-2008) 20-June-2011 |
| 4. Are you the corresponding author? | ✓ Yes No | |
| | nge across the primary-secondary care int Hospital and Copenhagen City Health and 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

| The Work Under Consideration f | or Pul | dication | | "" | | |
|--|----------|-------------------------|----------------------------------|---|------------|-----|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 1. Grant | | | V | the Ministry of health and Prevention/ compliance-puljen 2009. | | × |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | ✓ | | | | | × |
| | | | | | | ADD |
| Support for travel to meetings for the study or other purposes | ✓ | | | | | × |
| | | | | | | ADD |
| Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | 7 | | | | | × |
| | | | | | | ADD |
| Payment for writing or reviewing the manuscript | ✓ | | | | | × |
| | | | | | | ADD |



| The Work Under Consideration | for Pub | lication | | | | |
|--|----------|-------------------------|------|----------------|------------|-----------------|
| Туре | No | Money Paid to You | Your | Name of Entity | Comments** | |
| Provision of writing assistance, medicines, equipment, or administrative support | ✓ | | | | | × |
| 7. Other | ✓ | | | | | ADD X ADD |

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

| Relevant financial activities out | side th | e submitt | ted work | | | |
|--|-------------------------|-------------------------|----------------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | $\overline{\mathbf{V}}$ | | | | | × |
| | | | | | | ADD |
| 2. Consultancy | V | | | | | × |
| | _ | | | | | ADD |
| 3. Employment | \checkmark | | | | | × |
| | | | | | | ADD |
| 4. Expert testimony | \checkmark | | | | | × |
| | | | | | | ADD |
| 5. Grants/grants pending | \checkmark | | · | | | × |
| | | | | | | ADD |
| Payment for lectures including service on speakers bureaus | \checkmark | | | | | × |

neans money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



| Relevant financial activities outside the submitted work | | | | | | | | | | |
|--|------------|-------------------------|----------------------------------|-----------------------------|--------------------------|-----------------|--|--|--|--|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | | | | | |
| 7. Payment for manuscript preparation | √ | | | | | ADD X | | | | |
| Patents (planned, pending or issued) | V | | | | | X X | | | | |
| 9. Royalties | ✓ . | | | | | ADD × | | | | |
| 10. Payment for development of educational presentations | . 🗸 . | | | | | × | | | | |
| 11. Stock/stock options | V | | | | | ADD X ADD | | | | |
| Travel/accommodations/ meeting expenses unrelated to activities listed** | V | | | | | × | | | | |
| 13. Other (err on the side of full disclosure) | 7 | | | | | X | | | | |
| * This means money that your institution ** For example, if you report a consultan | | | | evel related to that consul | tancy on this line. | ADD | | | | |
| Section 4. Other relations | hips | | U S U | | | | | | | |
| Are there other relationships or active potentially influencing, what you wro | | | | o have influenced, or th | at give the appearance o | f | | | | |
| ✓ No other relationships/condition | s/circum | stances th | nat present a po | tential conflict of intere | st | | | | | |
| Yes, the following relationships/o | ondition | ns/circums | stances are pres | ent (explain below): | | | | | | |



At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



| Section 1. Identifying Inform | nation | |
|---|---|------------------------------------|
| 1. Given Name (First Name) CHAPLOTTE 4. Are you the corresponding author? | 2. Surname (Last Name) LソSEN Yes X No | 3. Effective Date (07-August-2008) |
| 5. Manuscript Title | | |
| 6. Manuscript Identifying Number (if you k | now it) | |
| | | |

Section 2. The Work Under Consideration for Publication

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| The Work Under Consideration (| for Put | olication | | • | | |
|--|---------|-------------------------|----------------------------------|----------------|------------|-----------------|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 1. Grant | Ø | | | | | × |
| 2. Consulting fee or honorarium | | | . 🗆 | | | ADD X ADD |
| 3. Support for travel to meetings for the study or other purposes | K | | | | | × |
| Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | Ø | | | | | × |
| 5. Payment for writing or reviewing the manuscript | X | | | | | ADD × |
| Provision of writing assistance, medicines, equipment, or administrative support | × | | | | | × |



| The Work Under Consideration for Publication | | | | | | | | | | |
|--|----|-------------------------|----------------------------------|----------------|----------------|-----|--|--|--|--|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | | | | | |
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| 7. Other | X | | | | | × | | | | |
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| Relevant financial activities out | side the | e submitt | ted work | | | |
|--|----------|-------------------------|----------------------------------|--------|----------|----------|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | X | | | | | × |
| 2. Consultancy | × | | | | | ADD X |
| 3. Employment | X | | | | | ADD × |
| 4. Expert testimony | × | | | | | ADD X |
| 5. Grants/grants pending | X | | | | | ADD × |
| Payment for lectures including service on speakers bureaus | Ø | | | | | ADD X |
| 7. Payment for manuscript preparation | × | | | | | ADD × |

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| | | | | | - · | | | | | | |
|----------|--|------------------------|-------------------------|----------------------------------|----------------------------|--------------------------|----------|--|--|--|--|
| Re | Relevant financial activities outside the submitted work | | | | | | | | | | |
| | Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | | | | | |
| 8. | Patents (planned, pending or issued) | Ø | | | | | ADD × | | | | |
| 9. | Royalties | X | | | | | ADD X | | | | |
| 10. | Payment for development of educational presentations | X | | | | | X X | | | | |
| 11. | Stock/stock options | Ø | | | | | ADD X | | | | |
| 12, | Travel/accommodations/ meeting expenses unrelated to activities listed** | Ø | | | | | ADD X | | | | |
| - 13. | Other (err on the side of full disclosure) | × | | | | | ADD X | | | | |
| | his means money that your institution in For example, if you report a consultanc | | | | el related to that consult | ancy on this line. | ADD | | | | |
| 9 | ection 4. Other relationsh | ips | | | | | | | | | |
| Ai po | re there other relationships or activitionships or activitionships are activitionships or activition activities are activities at a constant activities and activities are activities at a constant activit | ties that te in the | readers c submitte | ould perceive to l ed work? | nave influenced, or th | at give the appearance o | f | | | | |
| _ | No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below): | | | | | | | | | | |

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4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Faxholm 1



| 1. Given Name (First Name) Mette Straarup | 2. Surname (Last Name) Faxholm | 3. Effective Date (07-August-200) 17-June-2011 |
|--|-----------------------------------|--|
| 4. Are you the corresponding author | ?? | Corresponding Author's Name Lene Ørskov Reuther |
| 5. Manuscript Title Dosisdispensering som årsag til f | ejlmedicinering ved sectorover | gang |

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

| The Work Under Consideration | for Pub | olication | | | | |
|---------------------------------|---------|-------------------------|----------------------------------|---|------------|-----|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 2. Consulting fee or honorarium | | | V | Lokalområdekontoret Bispebjerg/Nørrebro, Sundheds- og Omsorgsforvaltningen, Københavns Kommune | | × |
| | | | | | | ADD |

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Section 3.

Relevant financial activities outside the submitted work.

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| Relevant financial activities out: | side the | e submit | ted work | | " | |
|--|----------|-------------------------|----------------------------------|--------|----------|--|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution' | Entity | Comments | |

^{*} This means money that your institution received for your efforts.

Section 4. Other relationships Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? ✓ No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below): At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. Show All Table Rows SAVE

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| Section 1. | ldentifying Inforn | nation | |
|---------------------|----------------------------|--|------------------------------------|
| 1. Given Name (Fi | rst Name) 9 | 2. Surname (Last Name) Salomon | 3. Effective Date (07-August-2008) |
| 4. Are you the cor | responding author? | Yes XNo | |
| 5. Manuscript Title | e | | |
| 6. Manuscript ider | ntifying Number (if you kr | ow it) | |
| | | 11 11 11 11 11 11 11 11 11 11 11 11 11 | |

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| The Work Under Consideration for Publication | | | | | | | | | |
|--|-------------|--|--|-----------------|-----------|-----------|--|--|--|
| | 1. | | | Navie of EALiny | Comments* | | | | |
| 1. Grant | ZÍ | | | | | | | | |
| 2. Consulting fee or honorarium | Ø | | | | | AĐD -× | | | |
| 3. Support for travel to meetings for the study or other purposes | (X) | | | | | | | | |
| Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | X | | | | | | | | |
| 5. Payment for writing or reviewing the manuscript | K | | | | | A 2 4 5 1 | | | |
| Provision of writing assistance, medicines, equipment, or administrative support | (2) | | | | | ADD × | | | |



| The Work Under Consideration | for Publ | ication | | | |
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| Type | | | Name of Entity | Comments** | |
| 7. Other | | | | | ADI |
| 7. Other | Ι Χ Ί | | | | AT It |

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| Relevant financial activities outside the submitted work | | | | | | | | | |
|--|------------------------|--------------------------|-----------------------------------|--|----------|--|--|--|--|
| Type of Relationship (in alphabetical order) | N. | | Money to Your Er astitution | | Comments | 8 | | | |
| 1. Board membership | Ø | - Annual Control Control | | | | × . | | | |
| 2. Consultancy | X | | | | | | | | |
| 3. Employment | X | | | | | e e V | | | |
| 4. Expert testimony | X | | | | | D0 Х | | | |
| 5. Grants/grants pending | X | | | | |) () X | | | |
| Payment for lectures including service on speakers bureaus | X | | | | | Z: | | | |
| 7. Payment for manuscript preparation | $\boldsymbol{\lambda}$ | | | | | <u>) </u> | | | |

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| Relevant financial activities out | side the | submitt | ed work | | _ | |
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| Type of Relationship (in alphabetical order) | | | Mosey to Your Institution | Entity | Comments | |
| 8. Patents (planned, pending or issued) | X | | | | Walter State Control of the Control | A (2) (2) |
| 9. Royalties | X | | | | | ADĐ X |
| Payment for development of educational presentations | Œ | | | | | |
| 11. Stock/stock options | | | | | | |
| Travel/accommodations/ meeting expenses unrelated to activities listed** | V | | | | | 7.005 7.005 |
| 13. Other (err on the side of full disclosure) | X | | | | | АОД Х |
| * This means money that your institution (** For example, if you report a consultance) | received f y above th | or your effo nere is no ne | rts. eed to report tra | vel related to that consul | tancy on this line. | ADD |
| Section 4. Other relationsh Are there other relationships or activity | les that i | eaders cou | ald perceive to | have influenced, or th | at give the appearance of | |
| potentially initidenting, what you wro | te in the | submitted | work? | | | |
| No other relationships/conditions, Yes, the following relationships/co | | | | | st | |
| At the time of manuscript acceptance, On occasion, journals may ask authors | journals to disclo | will ask au se further | ithors to confir information at | m and, if necessary, up bout reported relations | odate their disclosure state ships. | ments. |

SAVEND



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 $Please\ visit\ \underline{http;//www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$



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|--|--------------------------------------|------------------------------------|
| 1. Given Name (First Name) これとうだい | 2. Surname (Last Name) ドモベンアルベルモル | 3. Effective Date (07-August-2008) |
| 4. Are you the corresponding author? | Yes No | |
| 5. Manuscript Title | | |
| 6. Manuscript identifying Number (if you i | know it) | |
| | · | |

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| 2. Consulting fee or honorarium | | , <u> </u> | <u> </u> | | | ADD X | | | | |
| 3. Support for travel to meetings for the study or other purposes | | | | | | × | | | | |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | | · . | | | | × | | | | |
| 5. Payment for writing or reviewing the manuscript | | | | | | X | | | | |
| Provision of writing assistance, medicines, equipment, or administrative support | | | | | | X X | | | | |



| The Worl | k Under Cor | sideration for Pub | lication | | | | |
|-------------|-----------------|---------------------------|-------------------------|----------------------------------|----------------|------------|-----|
| | Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| | | | | | | | ADD |
| 7. Other | | | · | | | | × |
| | | | | | | | ADD |
| * This mean | ns money that y | your institution received | for your eff | orts on this study | /. | | |

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

| Relevant financial activities or | utside the | submit | ted work | **** | | |
|---|------------|-------------------------|----------------------------------|--------|----------|-----------------|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | | | | ., | | × |
| 2. Consultancy | | | | | | ADD × |
| 3. Employment | | - [| . 🗋 . | | | ADD × |
| 4. Expert testimony | | | | | | ADD X ADD |
| 5. Grants/grants pending | | | | | | X |
| Payment for lectures including service on speakers bureaus | | | | | | × |
| 7. Payment for manuscript preparation | | | | | | ADD X |

^{**} Use this section to provide any needed explanation.



| Relevant financial activities outside the submitted work | | | | | | | | |
|--|--------------------------|-----------------------------|----------------------------------|---------------------------|-------------------------|-----------|--|--|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | | | |
| | | | | | · · · · · · | ADD | | |
| Patents (planned, pending or issued) | | | | | | × | | |
| ng sa nga nga nga nga nga nga nga nga nga ng | · <u>_</u> | | _ | | | ADD | | |
| 9. Royalties | 🔲 . | | | | | × | | |
| | | | | | | ADD | | |
| Payment for development of educational presentations | | | | | | × | | |
| and a second of the second of | | | | | | ADD | | |
| 11. Stock/stock options | | · | ٠ لــا | | | × | | |
| 12. Travel/accommodations/ | | | | | | ADD | | |
| meeting expenses unrelated to activities listed** | | | | | | × | | |
| | | | | | | ADD | | |
| Other (err on the side of full disclosure) | | | | | | × | | |
| * This means money that your institution ** For example, if you report a consulta | on received ncy above | for your eff there is no | forts. need to report tra | vel related to that consu | Itancy on this line. | ADD | | |
| Section 4. Other relation | ships | | | | | | | |
| Are there other relationships or acti potentially influencing, what you w | | | | have influenced, or t | nat give the appearance | of | | |
| No other relationships/conditio | ns/circum | stances th | nat present a por | ential conflict of inter | est | | | |
| Yes, the following relationships, | /conditior | s/circums | tances are prese | ent (explain below): | | | | |
| At the time of manuscript acceptan On occasion, journals may ask auth | | | | | | atements. | | |
| Hide All T | able Row | s Checke | d 'No' | SAVE | | | | |



Evaluation and Feedback

Please visit http://www.icmle.org/cgl-bln/feedback to provide feedback on your experience with completing this form.