

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Anette

2. Surname (Last Name)

Riisgaard Ribe

3. Date

10-July-2013

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

General practitioners' participation in implementation of disease management programme

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.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Riisgaard Ribe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Flemming	2. Surname (Last Name) Bro	3. Date 24-October-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anette Riisgaard Ribe
5. Manuscript Title General practitioners' participation in implementation of disease management programme		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Bro has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Morten	2. Surname (Last Name) Fenger-Groen	3. Date 24-October-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anette Riisgaard Ribe
5. Manuscript Title General practitioners' participation in implementation of disease management programme		
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Mr. Fenger-Groen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lone	2. Surname (Last Name) Kaersvang	3. Date 24-October-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anette Riisgaard Ribe
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Mrs. Kaersvang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Vedsted

3. Date
24-October-2013

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Anette Riisgaard Ribe

5. Manuscript Title
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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Mogens	2. Surname (Last Name) Vestergaard	3. Date 24-October-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anette Riisgaard Ribe
5. Manuscript Title General practitioners' participation in implementation of disease management programme		
6. Manuscript Identifying Number (if you know it) 		

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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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Dr. Vestergaard has nothing to disclose.

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