

ICMJJE Form for Disclosure of Potential Conflicts of Interest

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 is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) Annmarie	2. Surname (Last Name) Lassen	3. Date 21-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ingrid Louise Titlestad
5. Manuscript Title A new Emergency Department - an audit on visitation and treatment of patients with COPD and NIV		
6. Manuscript Identifying Number (if you know it) UFL-07-14-0407		

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Annamarie Lassen is supported by an unrestricted grant from the philanthropic fund the TRYG -foundation given to University of Southern Denmark

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jonas

2. Surname (Last Name)

Bryde

3. Date

21-July-2014

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Ingrid Louise Titlestad

5. Manuscript Title

A new Emergency Department - an audit on visitation and treatment of patients with COPD and NIV

6. Manuscript Identifying Number (if you know it)

UFL-07-14.0407

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Jonas Bryde 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)
Ingrid Louise

2. Surname (Last Name)
Titlestad

3. Date
21-July-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
A new Emergency Department - an audit on visitation and treatment of patients with COPD and NIV

6. Manuscript Identifying Number (if you know it)
UFL-07-14.0407

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Dr. Titlestad has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bo	2. Surname (Last Name) Øberg-Hansen	3. Date 21-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ingrid Louise Titlestad
5. Manuscript Title A new Emergency Department - an audit on visitation and treatment of patients with COPD and NIV		
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Bo Øberg-Hansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jørgen

2. Surname (Last Name) Vestbo

3. Date 31-July-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name Ingrid Titlestad

5. Manuscript Title A new Emergency Department - an audit on visitation and treatment of patients with COPD

6. Manuscript Identifying Number (if you know it) _____

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COPD phase 2 & 3 program advice
Chiesi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COPD Phase 2 & 3 program advice
Bioxydyn	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MRI software development
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COPD phase 2&3 program advice
GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	payment for lectures
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	payment for lectures
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	payment for lectures
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	payment for lectures

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Chiesi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	payment for lectures
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	payment for lectures
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COPD Phase 2 & 3 program advice

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Vestbo reports personal fees from GSK, personal fees from Takeda, personal fees from Chiesi , personal fees from Bioxydyn, personal fees from Pfizer, personal fees from GSK, personal fees from Novartis, personal fees from AstraZeneca, personal fees from Boehringer Ingelheim, personal fees from Nycomed, outside the submitted work; .

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