

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.

5. Relationships not covered above.

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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) Hans Jørn	2. Surname (Last Name) Kolmos	3. Date 18-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Benjamin Schnack Rasmussen
5. Manuscript Title Outbreak of Pseudomonas aeruginosa bacteremia in a haematology department		
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. Kolmos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Flemming Schønning	2. Surname (Last Name) Rosenvinge	3. Date 17-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Benjamin Schnack Rasmussen
5. Manuscript Title Outbreak of Pseudomonas aeruginosa bacteremia in a haematology department – a hygiene issue		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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

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Dr. Rosenvinge 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)
Benjamin

2. Surname (Last Name)
Rasmussen

3. Date
17-September-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Outbreak of Pseudomonas aeruginosa bacteremia in a haematology department

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Rasmussen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) JAN 2. Surname (Last Name) SORENSEN 3. Date 17-9-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title Outbreak of Pseudomonas aeruginosa ...

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Nikolas	2. Surname (Last Name) Christensen	3. Date 18-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Benjamin Schnack Rasmussen
5. Manuscript Title Outbreak of Pseudomonas aeruginosa bacteremia in a haematology department		
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Dr. Christensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marianne	2. Surname (Last Name) Skov	3. Date 19-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name B.S. Rasmussen
5. Manuscript Title Outbreak of Pseudomonas aeruginosa bacteremia in a haematology department		
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. Skov has nothing to disclose.

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