

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lise Sofie

2. Surname (Last Name)

Bislev

3. Date

09-February-2015

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

The quality of referrals from mental hospitals to somatic hospitals

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

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No

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Yes



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Dr. LS Bislev has nothing to declare

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Section 1. Identifying Information

1. Given Name (First Name)
Søren

2. Surname (Last Name)
Gregersen

3. Date
04-February-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Lise Sofie Bislev

5. Manuscript Title
The quality of referrals from mental hospitals to somatic hospitals

6. Manuscript Identifying Number (if you know it)

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Dr. Søren Gregersen has nothing to disclose.

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1. Given Name (First Name)
Lea

2. Surname (Last Name)
N. Gustafsson

3. Date
27-January-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Lise Sofie Bislev

5. Manuscript Title
The quality of referrals from mental hospitals to somatic hospitals

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Povl

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Munk-Jørgensen

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27-January-2015

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Corresponding Author's Name
Lise Sofie Bislev

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