

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)
Birgitte

2. Surname (Last Name)
Brock

3. Date
27-October-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Eva Aggerholm Sædder

5. Manuscript Title
Risk stratification of potential high risk drugs: a modified Delphi process.

6. Manuscript Identifying Number (if you know it)

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Dr. Brock 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)

Lars Peter

2. Surname (Last Name)

Nielsen

3. Date

27-October-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Eva Aggerholm Sædder

5. Manuscript Title

Risk stratification of potential high risk drugs: a modified Delphi process.

6. Manuscript Identifying Number (if you know it)

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Dr. Nielsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Dorthe Krogsgaard

2. Surname (Last Name)

Bonnerup

3. Date

27-October-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Eva Aggerholm Sædder

5. Manuscript Title

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Section 1. Identifying Information

| | | |
|--|---------------------------------|---|
| 1. Given Name (First Name) Marianne | 2. Surname (Last Name) Lisby | 3. Date 27-October-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Eva Aggerholm Sædder |
| 5. Manuscript Title Risk stratification of potential high risk drugs: a modified Delphi process. | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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Eva Aggerholm

2. Surname (Last Name)

Sædder

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27-October-2014

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5. Manuscript Title

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