

ICMJE 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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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)

Christian Backer

2. Surname (Last Name)

Mogensen

3. Date

27-February-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Risk model for suspected Acute Coronary Syndrome of limited value in an Emergency Department.

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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Dr. Mogensen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Maja
2. Surname (Last Name)
Christiansen
3. Date
13-February-2015
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Christian Backer Mogensen
5. Manuscript Title
Risk model for suspected Acute Coronary Syndrome of limited value in an Emergency Department.
6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Jess bjerre

2. Surname (Last Name)

jørgensen

3. Date

13-February-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Christian Backer Mogensen

5. Manuscript Title

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1. Given Name (First Name) PETER B. 2. Surname (Last Name) STAEHR 3. Date 12/2-15
4. Are you the corresponding author? Yes No Corresponding Author's Name
Christian Backer Mogensen
5. Manuscript Title
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