

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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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your

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Section 1. Identifying Information

1. Given Name (First Name)

Thea Palsgaard

2. Surname (Last Name)

Møller

3. Date

03-January-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Challenges and solutions in pre-operative handover identified by table simulation

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. Møller has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kristine Husum	2. Surname (Last Name) Münter	3. Date 04-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thea Palsgaard Møller
5. Manuscript Title Challenges and solutions in pre-operative handover identified by table simulation		
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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name) Doris 2. Surname (Last Name) Østergaard 3. Date 14-January-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name
Thea Palsgaard Møller

5. Manuscript Title
Challenges and solutions in pre-operative handover identified by table simulation

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
laerdal foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational Grant to the institution

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Østergaard reports grants from laerdal foundation , outside the submitted work; .

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1. Given Name (First Name) Lone	2. Surname (Last Name) Fuhrmann	3. Date 04-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thea Palsgaard Møller
5. Manuscript Title Challenges and solutions in pre-operative handover identified by table simulation		
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