

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Line

2. Surname (Last Name)
Kølnher-Augustson

3. Date
08-April-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Advised to seek the general practitioner after walk-in spirometry – how compliant are the patients?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Kølner-Augustson has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Niels
2. Surname (Last Name)
Thøgersen
3. Date
08-April-2015
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Line Kølner-Augustson
5. Manuscript Title
Advised to seek the general practitioner after walk-in spirometry – how compliant are the patients?
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Dr. Thøgersen has nothing to disclose.

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1. Given Name (First Name)
Thea

2. Surname (Last Name)
Heide Faaborg

3. Date
08-April-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Line Kølner-Augustson

5. Manuscript Title

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Ulla

2. Surname (Last Name)

Møller Weinreich

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08-April-2015

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Yes No

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Line Kølner-Augustson

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