

## 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)  
Christian Backer

2. Surname (Last Name)  
Mogensen

3. Date  
10-February-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
MRSA screening in Emergency Department detects a minority of MRSA carriers.

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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Poul	2. Surname (Last Name) Kjældgaard	3. Date 10-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Backer Mogensen
5. Manuscript Title MRSA screening in Emergency Department detects a minority of MRSA carriers.		
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Dr. Kjældgaard has nothing to disclose.

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1. Given Name (First Name)

Charlotte Lyngø

2. Surname (Last Name)

Jensen

3. Date

10-February-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Christian Backer Mogensen

5. Manuscript Title

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