

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Solvejg

2. Surname (Last Name)  
Kristensen

3. Date  
04-February-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
A snapshot of the patient safety climate in 15 Danish hospital units

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. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The Danish Clinical Registries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The results of the study published were part of the evaluation of the Danish Safer Hospital Programme. The programme was financed by TrygFonden

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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1. Given Name (First Name) Jens Henrik	2. Surname (Last Name) Badsberg	3. Date 04-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name S Kristensen
5. Manuscript Title A snapshot of the patient safety climate in 15 Danish hospital units		
6. Manuscript Identifying Number (if you know it)		

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# ICMJJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Vibeke      2. Surname (Last Name) Rischel      3. Date 12-February-2015

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Solvejg Kristensen

5. Manuscript Title  
A snapshot of the patient safety climate in 15 Danish hospital units

6. Manuscript Identifying Number (if you know it)  
 \_\_\_\_\_

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Are there any relevant conflicts of interest?     Yes     No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jacob	2. Surname (Last Name) Anhøj	3. Date 04-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Solvejg Kristensen
5. Manuscript Title A snapshot of the patient safety climate in 15 Danish hospital units		
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Dr. Anhøj has nothing to disclose.

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