



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)
Camilla

2. Surname (Last Name)
Strøm

3. Date
02-June-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
The ELDER trial: acute medical admission of ELDERly patients to fast-track or traditional hospitalisation.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Strøm has nothing to disclose.

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1. Given Name (First Name)
Lars

2. Surname (Last Name)
Rasmussen

3. Date
02-June-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Camilla Strøm

5. Manuscript Title

The ELDER trial: acute medical admission of ELDERly patients to fast-track or traditional hospitalisation.

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Søren

2. Surname (Last Name)
Wistisen Rasmussen

3. Date
26-May-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Camilla Strøm

5. Manuscript Title

The ELDER trial: acute medical admission of ELDERly patients to fast-track or traditional hospitalisation.

6. Manuscript Identifying Number (if you know it)

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Kim

2. Surname (Last Name)
Madsen

3. Date
26-May-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Camilla Strøm

5. Manuscript Title

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1. Given Name (First Name)
Henrik Ancher

2. Surname (Last Name)
Sørensen

3. Date
18-May-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Camilla Strøm

5. Manuscript Title

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Thomas A

2. Surname (Last Name)
Schmidt

3. Date
26-May-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Camilla Strøm

5. Manuscript Title

The ELDER trial: acute medical admission of ELDERly patients to fast-track or traditional hospitalisation.

6. Manuscript Identifying Number (if you know it)

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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