

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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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.

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

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 21-September-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Simplified versus complicated targeted screening in Emergency Department detects MRSA equally well.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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.)?

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
hospital of Southern Jutland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funding of lab. test for MRSA

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Mogensen reports grants from hospital of Southern Jutland, during the conduct of the study; .

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)
Charlotte

2. Surname (Last Name)
Jensen

3. Date
25-September-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name
Christian Backer Mogensen

5. Manuscript Title

Simplified versus complicated targeted screening in Emergency Department detects MRSA equally well.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Jensen has nothing to disclose.

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1. Given Name (First Name)

MING

2. Surname (Last Name)

CHEN

3. Date

25-September-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Christian Backer Mogensen

5. Manuscript Title

Simplified versus complicated targeted screening in Emergency Department detects MRSA equally well.

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Section 1. Identifying Information

1. Given Name (First Name)
Poul

2. Surname (Last Name)
Kjældgaard

3. Date
24-September-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christian Backer Mogensen

5. Manuscript Title

Simplified versus complicated targeted screening in Emergency Department detects MRSA equally well.

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