

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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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Birgitte	2. Surname (Last Name) Nørgaard	3. Date 10-September-2015
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Diagnostic packages can accurately be	e assigned in emergency departme	ents. A multi-centre cohort study
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	Consideration for Publication	
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Are there any relevant conflicts of inter	rest? Yes 🖌 No	
Section 3. Relevant financial	activities outside the submit	ted work.
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to th	ne work?	Yes	V No	0
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Dr. Nørgaard has nothing to disclose.

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2. Surname (Last Name) Brabrand	3. Date 01-October-2015
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Consideration for Pub	lication
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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🖌 No	Do you have any patents,	whether planned,	pending or issued	, broadly relevant to the work?		res 🛛	✓ No
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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Christian Backer	2. Surname (Last Name) Mogensen		3. Date 01-October-2015
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Birgitte Nørgaard	me
5. Manuscript Title "Diagnostic packages can accurately be	e assigned in emergency d	epartments. A multi-centre	cohort study"
6. Manuscript Identifying Number (if you kr	now it)		
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Section 2. The Work Under C	onsideration for Public	cation	
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Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Inform	mation		
1. Given Name (First Name) Lars L. Stubbe	2. Surname (Last Name) Teglbjærg		3. Date 05-October-2015
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Nan Birgitte Nørgaard	ne
5. Manuscript Title Diagnostic packages can accurately be	e assigned in emergency d	epartments. A multi-centre c	ohort study
6. Manuscript Identifying Number (if you k	now it)		
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Dr. Teglbjærg has nothing to disclose.

Evaluation and Feedback



Section 1.	Identifying Inform	mation	- Andrewski - A	
1. Given Name (Fi		2. Surname (Last Name)		3. Date 1/10 -2015
4. Are you the cor	responding author?	Yes No		
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