

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)
Stina

2. Surname (Last Name)
Lou

3. Date
24-February-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Danish patients' attitudes towards fees for non-attendance in public hospitals: A qualitative study

6. Manuscript Identifying Number (if you know it)

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Dr. Lou has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Michal

2. Surname (Last Name)
Frumer

3. Date
26-February-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Stina Lou Fleron

5. Manuscript Title
Danish patients' attitudes towards fees for non-attendance in public hospitals: A qualitative study

6. Manuscript Identifying Number (if you know it)

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Dr. Frumer has nothing to disclose.

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1. Given Name (First Name)
Steen

2. Surname (Last Name)
Olesen

3. Date
24-February-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Stina Lou

5. Manuscript Title

Danish patient's attitudes towards fees for non-attendance in public hospitals: A qualitative study

6. Manuscript Identifying Number (if you know it)

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Dr. Olesen has nothing to disclose.

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1. Given Name (First Name)

Agnete

2. Surname (Last Name)

Hedemann Nielsen

3. Date

25-February-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Stina Lou

5. Manuscript Title

Patients' attitudes towards the introduction of fees for non-attendance in a publicly funded, free-for-all health care system:
A qualitative study from Denmark

6. Manuscript Identifying Number (if you know it)

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Ulla

2. Surname (Last Name)

Væggemose

3. Date

01-March-2016

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☐ Yes

☒ No

Corresponding Author's Name

Stina Lou Fleron

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