

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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Section 1. Identifying Information

| | | |
|---|------------------------------------|--|
| 1. Given Name (First Name) Mathias Gierløff | 2. Surname (Last Name) Heitmann | 3. Date 04-May-2016 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Jacob Hansen-Schwartz |
| 5. Manuscript Title Re-admittance rates within 7 days are preferable in quality measuring of Emergency Departments | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

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Dr. Heitmann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jacob

2. Surname (Last Name)

Hansen-Schwartz

3. Date

05-May-2016

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Hansen-Schwartz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jens Juul

2. Surname (Last Name)

Larsen

3. Date

05-May-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jacob Hansen-Schwartz

5. Manuscript Title

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Dr. Larsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jens

2. Surname (Last Name)

Tingleff

3. Date

09-May-2016

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☐ Yes

☒ No

Corresponding Author's Name

Jacob Hansen-Schwartz

5. Manuscript Title

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