

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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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Section 1. Identifying Information

1. Given Name (First Name) Torben Krabbe	2. Surname (Last Name) Lastrup	3. Effective Date (07-August-2008) 19-May-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Andreas Holm Burén
5. Manuscript Title Trauma and injury severity of trauma patients at a level 2 trauma center – a retrospective study		
6. Manuscript Identifying Number (if you know it) _____		

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ultrasound teaching		<input type="button" value="X"/>
						<input type="button" value="ADD"/>

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1. Given Name (First Name) Morten	2. Surname (Last Name) Daugaard	3. Effective Date (07-August-2008) 19-May-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lars Andreas Holm Burén
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1. Given Name (First Name) 2. Surname (Last Name) 3. Effective Date (07-August-2008)
 Lars Holm Burén Burén 19-May-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
 Triage and injury severity of trauma patients at a level 2 trauma center – a retrospective study

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Jens Rolighed Kjærgaard	2. Surname (Last Name) Larsen	3. Effective Date (07-August-2008) 19-May-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lars Andreas Holm Burén
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						<input type="button" value="ADD"/>

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