

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)
Alexandra

2. Surname (Last Name)
Kruse

3. Date
29-November-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kia Hee Schultz Dungu

5. Manuscript Title
Language barriers and use of interpreters in two Danish paediatric emergency units

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Kruse has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Signe Marie

2. Surname (Last Name)
Svane

3. Date
30-November-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kia Dungu

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Dybdal	3. Date 30-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kia Hee Schultz Dungu
5. Manuscript Title Language barriers and use of interpreters in two Danish paediatric emergency units.		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Morten Woermer	2. Surname (Last Name) Poulsen	3. Date 30-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kia Hee Schultz Dungu
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Annika

2. Surname (Last Name)

Juul

3. Date

28-November-2018

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Yes

No

Corresponding Author's Name

Kia Hee Schultz Dungu

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Astrid Elisabeth	2. Surname (Last Name) Permin	3. Date 29-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kia Hee Schultz Dungu
5. Manuscript Title Language barriers and use of interpreters in two Danish paediatric emergency units		
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

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Dr. Permin has nothing to disclose.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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



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anja

2. Surname (Last Name)

poulsen

3. Date

27-November-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Kia Dungu

5. Manuscript Title

Language barriers and use of interpreters in two Danish paediatric emergency units.

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Kia Hee Schultz

2. Surname (Last Name)

Dungu

3. Date

02-December-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Language barriers and use of interpreters in two Danish paediatric emergency units.

6. Manuscript Identifying Number (if you know it)

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