

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Carla

2. Surname (Last Name)  
Kruse

3. Date  
27-September-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
En status over implementering af kunstig intelligens i det danske sundhedsvæsen

6. Manuscript Identifying Number (if you know it)  
UFL-07-19-0409

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Kruse has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Thomsen	3. Date 27-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carla Kruse
5. Manuscript Title En status over implementering af kunstig intelligens i det danske sundhedsvæsen		
6. Manuscript Identifying Number (if you know it) UFL-07-19-0409		

### Section 2. The Work Under Consideration for Publication

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Dr. Thomsen 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)  
Thomas

2. Surname (Last Name)  
Lindskow

3. Date  
27-September-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Carla Kruse

5. Manuscript Title  
En status over implementering af kunstig intelligens i det danske sundhedsvæsen

6. Manuscript Identifying Number (if you know it)  
UFL-07-19-0409

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Dr. Lindschow 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) Brian	2. Surname (Last Name) Bell	3. Date 27-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carla Kruse
5. Manuscript Title En status over implementering af kunstig intelligens i det danske sundhedsvæsen		
6. Manuscript Identifying Number (if you know it) UFL-07-19-0409		

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Brian Bell 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)  
Rami

2. Surname (Last Name)  
Ibrahim

3. Date  
22-November-2019

4. Are you the corresponding author?  Yes  No Corresponding Author's Name

5. Manuscript Title  
En status over implementering af kunstig intelligens i det danske sundhedsvæsen

6. Manuscript Identifying Number (if you know it)  
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Dr. Ibrahim has nothing to disclose.

### Evaluation and Feedback

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Det er derfor vigtigt, at alle forfatteroplysninger skrives direkte ind i formularen, de disse er obligatoriske, hvorefter den kan printes og underskrives. For artikler til Danish Medical Journal skal Authorship Declaration for DMJ udfyldes.

Manuskriptets titel: En status over implementering af kunstig intelligens i det danske sundhedsvæsen

UFL-nr. - (hvis kendt): UFL-07-19-0409 Artikeltype.: Statusartikel

Hermed erklæres og indestås for,

- at det i manuskriptet præsenterede arbejde ikke, hverken helt eller delvist, er publiceret andetsteds, og at det ikke for tiden vurderes i anden tidsskrifts-redaktion,
- at der ikke foreligger ophavsretlige problemer i forbindelse med publikation af manuskriptet og at der er indhentet nødvendige copyrighttilladelser og patientsamtykker til illustrationer, figurer og fotos inkl. evt. personer på billedet,
- at nødvendige tilladelser og patientsamtykker til benyttelse af patientoplysninger, laboratoriedata, billedediagnostiske og patologiske undersøgelser osv. foreligger,
- at manuskriptet, såfremt det udgår fra en institution eller afdeling, er accepteret til fremsendelse i den foreliggende form af den ansvarlige på institutionen eller afdelingen,
- at, såfremt flere institutioner eller afdelinger har været involveret i et omtalt patientforløb, er alle relevante parter orienteret inden indsendelse af manuskriptet,
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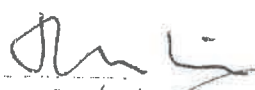




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Navn	Institution / afdeling	Underskrift
Thomas Lindskov	Herlev Hospital, plastikkirurgisk	
Brian Bell	DataRobot	
Michael V. Thomsen	Rigshospitalet, Plastikkirurgisk	
Carla Kruse	Herlev Hospital, Plastikkirurgisk	
Rami Ibranim	Herlev Hospital (plastikkirurgisk)	



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Manuskriptets titel:

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