

## 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) Debra	2. Surname (Last Name) Freund	3. Date 18-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rikke Thorninger
5. Manuscript Title Implementing trauma team training in regard to improving trauma resuscitation		
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.)?

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Dr. Freund 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)

Jan Duedal

2. Surname (Last Name)

Rölfing

3. Date

18-March-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Rikke Thorninger

5. Manuscript Title

Implementing trauma team training in regard to improve trauma resuscitation

6. Manuscript Identifying Number (if you know it)

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

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Dr. Rölfing has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Louise Hvid

2. Surname (Last Name)  
Kristiansen

3. Date  
18-March-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Rikke Thorninger

5. Manuscript Title  
Implementing trauma team training in regard to improve trauma resuscitation

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Dr. Kristiansen has nothing to disclose.

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Rikke

2. Surname (Last Name)

Thorninger

3. Date

18-March-2019

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