

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Amalie | 2. Surname (Last Name) Hansen | 3. Date 20-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Marie Nørredam |
| 5. Manuscript Title Providing targeted healthcare services for immigrants with complex health needs | | |
| 6. Manuscript Identifying Number (if you know it) UFL-03-19-0160 | | |

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hansen 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) Maria | 2. Surname (Last Name) Kristiansen | 3. Date 24-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Marie Norredam |
| 5. Manuscript Title Providing targeted healthcare services for immigrants with complex health needs | | |
| 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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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. Kristiansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Marie

2. Surname (Last Name)
Nørredam

3. Date
20-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Providing targeted healthcare services for immigrants with complex health needs

6. Manuscript Identifying Number (if you know it)
UFL-03-19-0160

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Dr. Nørredam has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Hanna | 2. Surname (Last Name) Rosenkrands | 3. Date 19-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Marie Nørredam |
| 5. Manuscript Title Providing targeted healthcare services for immigrants with complex health needs | | |
| 6. Manuscript Identifying Number (if you know it) UFL-03-19-0160 | | |

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