

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
 Anne Mette Larsen 25-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
 Increased rate of home-death among patients in a Danish general practice

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Praktiserende Lægers Uddannelsesfond | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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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

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Dr. Larsen reports grants from Praktiserende Lægers Uddannelsesfond, during the conduct of the study; .

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) Mette Asbjørn | 2. Surname (Last Name) Neergaard | 3. Date 20-January-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Anne Mette Larsen |
| 5. Manuscript Title Increased rate of home-death among patients in a Danish general practice | | |
| 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. Neergaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Marianne

2. Surname (Last Name)

Andersen

3. Date

21-January-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Increased rate of home-death among patients in a Danish general practice

6. Manuscript Identifying Number (if you know it)

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I am working as nurse at Lægerne Søborg Torv

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Nurse Andersen reports and I am working as nurse at Lægerne Søborg Torv.

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 Thomas Gorlen 20-January-2020

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Anne Mette Larsen

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