

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Intellectual Property.

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

Relationships not covered above.

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earning royalties or not

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

patent

Bakkedal 1



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Catrine	2. Surname (Last Name) Bakkedal		3. Date 30-October-2020			
4. Are you the corresponding author?	Yes Vo	Corresponding Author Mikkel Bring Christe				
5. Manuscript Title Medication errors in residential facilities: an analysis based on Danish Poison Center inquiries						
6. Manuscript Identifying Number (if you kn	ow it)	_				
Section 2. The Work Under Co	onsideration for Public	ation				
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da					
If yes, please fill out the appropriate info		e more than one entit	y press the "ADD" button to add a row.			
Excess rows can be removed by pressing						
Name of Institution/Company	Grant	o-Financial upport?	Comments			
Copenhagen Center for Health Technology, CACHET						
Department of clinical pharmacology, Bispebjerg Hospital, The Capital Region	✓					
Section 3. Relevant financial a	activities outside the s	ubmitted work.				
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .						
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Do you have any patents, whether planr	ned, pending or issued, bro	oadly relevant to the v	vork? Yes 🗸 No			

Bakkedal 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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	orts grants from Copenhagen Center for Health Technology, Department of Clinical Pharmacology, grants at of clinical pharmacology, Bispebjerg Hospital, The Capital Region, during the conduct of the study; .

Evaluation and Feedback

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Bakkedal 3



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4. Are you the co	orresponding author?	Yes	✓ No	Corresponding Author's Name Mikkel Bring Christensen
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Section 2.	The Work Under	Conviderat	ton for Bubli	teation
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Section 6	Disclosure Statement
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Dalhoff 1



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1. Given Name (Fii Kim	rst Name)	2. Surname (Last Name) Dalhoff		3. Date 28-October-2020			
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Mikkel Bring Christenser				
5. Manuscript Title Medication error		s : an analysis based on D	anish Poison Information C	enter inquiries			
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Do you have any	•	.,	proadly relevant to the work	Yes √ No			

Dalhoff 2



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Bøgevig 1



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Søren	2. Surname (Last Name) Bøgevig Yes ✓ No Corresponding Author's N Mikkel Bring Christense		3. Date 28-October-2020			
4. Are you the corresponding author?						
5. Manuscript Title Medication errors in Danish residential (facilities: a descriptive ana	lysis based on Danish Poise	on Information Center inquiries.			
6. Manuscript Identifying Number (if you kn	oow it)					
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Section 2. The Work Under Co	onsideration for Public	cation				
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Section 3. Relevant financial	activities outside the s	submitted work.				
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Section 4. Intellectual Proper	ty Patents & Copyri <u>c</u>	yhts				
Do you have any patents, whether plani	ned, pending or issued, br	oadly relevant to the work	? ☐ Yes 🗸 No			

Bøgevig 2



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Bøgevig 3



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Petersen 1



	Section 1.	Identifying Inform	nation				
	1. Given Name (First Name) Tonny Studsgaard		2. Surname (Last Name) Petersen			3. Date 28-October-2020	
4. Are you the corresponding author?			Yes	√ No	Corresponding Author's Na	ame	
	5. Manuscript Title Medication error		facilities: a	descriptive ana	alysis based on Danish Pois	on Information Center inquiries.	
	6. Manuscript Iden	ntifying Number (if you kr	now it)		_		
	Section 2.	The Work Under C	onsiderat	tion for Publi	cation		
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	Section 4.	Intellectual Proper	rty Pate	ents & Copyri	ghts		
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Rozing 1



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4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Na Mikkel Christenen	ime
5. Manuscript Title Medication errors in residential facilities	s: an analysis based on Dai	nish Poison Center inquirie	s.
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Section 4. Intellectual Proper	ty Patents & Copyric	ghts	
Do you have any patents, whether plani	ned, pending or issued, br	oadly relevant to the work	? ☑ Yes 🗸 No

Rozing 2



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Christensen 1



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4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Medication errors in residential facilities: an analysis based on Danish Poison Center inquiries.				
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Section 4. Intellectual Prope	rty Patents & Copyrights			
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