

#### 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.

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

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

Kabell Nissen 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Søren	Surname(LastName)     Kabell Nissen		3. Date 29-January-2021
4. Are you the corresponding author?	☐ Yes   ✓ No	Corresponding Author's N	Name
<ol><li>Manuscript Title</li><li>Akut geriatri: Håndteringen af akut ir</li></ol>	ndlagte ældre patienter i a	akutmodtagelsen	
6. Manuscript Identifying Number (if you l	know it)		
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Section 2. The Work Under C	onsideration for Public	cation	
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (includi- statistical analysis, etc.)? Are there any relevant conflicts of int	ve payment or services from ng but not limited to grants,	a third party (government, co	dy design, manuscript preparation,
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Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of interesting the second conflicts of the seco	ribed in the instructions. Us port relationships that we	se one line for each entity;	add as many lines as you need by
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Section 4. Intellectual Prope	rty Patents & Copyrig	ghts	
Do you have any patents, whether plar	nned, pending or issued, b	roadly relevant to the work	Yes ✓ No

Kabell Nissen



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Generate Dis	closure Statement Communication Communicatio
Dr. Kabell Nisse	en has nothing to disclose.

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Andersen 1



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1. Given Name (First Name) Stig	2. Surname (Last Name) Andersen		3. Date 31-January-2021
4. Are you the corresponding author?	Yes   ✓ No	Corresponding Author's Na Martin Schultz	ime
5. Manuscript Title Håndtering af skrøbelig ældre patienter	i akutmodtagelsen		
6. Manuscript Identifying Number (if you kn	oow it)		
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Andersen



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Osmanagic Simonsen



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5. Manuscript Title Akut geriatri: Hå	e ndteringen af akut indl	agte ældre pa	itienter i akut	modtagelsen	
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Do you have any	patents, whether plan	ned, pending	or issued, bro	oadly relevant to the work	? ☑ Yes 🗸 No

Osmanagic Simonsen 2



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patent

Foss 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Catherine H	2. Surname (Last Name) Foss		3. Date 28-January-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Na Martin Schultz	ame
5. Manuscript Title Akut geriatri: Håndteringen af akut ind	lagte ældre patienter i aku	tmodtagelsen	
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Foss 2



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Usinger



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Lotte	2. Surname (Last Name) Usinger		3. Date 29-January-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Na Martin Schultz	ame
5. Manuscript Title Akut geriatri: Håndteringen af akut indl	agte ældre patienter i aku	tmodtagelsen	
6. Manuscript Identifying Number (if you kn UFL-10-20-0726	now it)	_	
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Us port relationships that wer	se one line for each entity;	add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyrig	jhts	
Do you have any patents, whether plant			? ☑Yes 🗸 No

Usinger 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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patent

Danielsen 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Mathias Brix	2. Surname (Last Name) Danielsen		3. Date 29-January-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nar Martin Schultz	me
5. Manuscript Title Akut geriatri: Håndteringen af akut indl	agte ældre patienter i aku	tmodtagelsen	
6. Manuscript Identifying Number (if you kr	now it)		
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Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
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Section 4. Intellectual Proper	rty Patents & Copyric	yhts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes 🗸 No

Danielsen 2



Relationships not covered above			
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Disclosure Statement			
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nothing to disclose.			

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patent

Enemark Durand 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Marie	2. Surname (Last Name) Enemark Durand		3. Date 29-January-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Na Martin Schultz	ame
5. Manuscript Title Akut geriatri: Håndteringen af akut indl	agte ældre patienter i aku	tmodtagelsen	
6. Manuscript Identifying Number (if you kr UFL-10-20-0726	now it)	_	
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Section 4. Intellectual Proper	rty Patents & Copyrig	ghts	
Do you have any patents, whether plan			? ☑Yes ✔ No

Enemark Durand



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	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
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Dr. Enemark Dur	rand has nothing to disclose.		

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Schultz 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Martin	2. Surname (Last Name) Schultz	3. Date 21-January-2021
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Akut geriatri: Håndteringen af akut indl	agte ældre patienter i akutmodtagelsen	
6. Manuscript Identifying Number (if you kr UFL-10-20-0726	now it)	
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Section 2. The Work Under Co	onsideration for Publication	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere		
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Intellectual Propel	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the worl	k? ☐ Yes ✓ No

Schultz 2



elationships not covered above			
tionships or activities that readers could perceive to have influenced, or that give the appearance of ing, what you wrote in the submitted work?			
ng relationships/conditions/circumstances are present (explain below):			
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Lindenskov Carlsen 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Tina		2. Surname (Last Name) Lindenskov Carlsen		3. Date 31-January-2021
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Na Martin Schultz	ame
5. Manuscript Title Akut geriatri: Hår		agte ældre patienter i ak	kutmodtagelsen	
6. Manuscript Ider UFL-10-20-0726	ntifying Number (if you kr	now it)		
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Do you have any	•	,	broadly relevant to the work	k? ☐ Yes ✓ No

Lindenskov Carlsen 2



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Davidsen Lebech 1



Section 1.	Identifying Inforn	nation		
1. Given Name (Fi Ulla	rst Name)	2. Surname (Last Name Davidsen Lebech	2)	3. Date 31-January-2021
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Martin Schultz	ame
5. Manuscript Title Akut geriatri: Hå		lagte ældre patienter i a	akut modtagelsen	
6. Manuscript Idei UFL-10-20-0726	ntifying Number (if you k	now it)		
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any aspect of the s statistical analysis, Are there any rel	ubmitted work (including etc.)? evant conflicts of inter	g but not limited to grants	s, data monitoring board, study d O	ommercial, private foundation, etc.) for lesign, manuscript preparation,
Section 3.	Relevant financial	activities outside th	ne submitted work.	
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Do you have any	•		l, broadly relevant to the work	☐ Yes ✓ No</td

Davidsen Lebech



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Dr. Davidsen Lek	pech has nothing to disclose.		

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## Identifying information.

## 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".

## 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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

# Intellectual Property.

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

# Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### **Definitions.**

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

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Section 1. Identifying Inform	aation		
1. Given Name (First Name) jens-ulrik	2. Surname (Last Name) rosholm		3. Date 29-January-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Na Martin Schultz	ame
5. Manuscript Title Håndteringen af akut indlagte skrøbelig	ge ældre patienter i akutm	odtagelsen	
6. Manuscript Identifying Number (if you kn	now it)		
		_	
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Use port relationships that wer	se one line for each entity;	add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyric	yhts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work	? ☑ Yes 🗸 No

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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?			
ving relationships/conditions/circumstances are present (explain below):			
tionships/conditions/circumstances that present a potential conflict of interest			
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.			
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### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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