

# ICMJE DISCLOSURE FORM

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Date: 30. november 2022

Your name: Elsi Brink

Manuscript title: Management of Medical Emergency Patients in Danish Emergency Departments

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	<input checked="" type="checkbox"/> None	

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## Time frame: past 36 months

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4	Consulting fees	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Date: 30. november 2022

Your name: Tobias Stæhr Jakobsen

Manuscript title: Management of Medical Emergency Patients in Danish Emergency Departments

Manuscript number (if known):

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Date: 8. november 2022

Your name: Anmarie Touborg Lassen

Manuscript title: Management of Medical Emergency Patients in Danish Emergency Departments

Manuscript number (if known):

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Chair for RKKP Database for Acute Hospitalized patients.	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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**Date:** K8. november 2022

**Your name:** Jesper Weile

**Manuscript title:** Management of Medical Emergency Patients in Danish Emergency Departments

**Manuscript number (if known):**

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**Date:** Klik eller tryk for at angive en dato.

**Your name:** Stefan Posth

**Manuscript title:** Management of Medical Emergency Patients in Danish Emergency Departments

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