

ICMJE DISCLOSURE FORM

Date: 3/11-2023

Your Name: Charlotte Suetta

Manuscript Title: Profile of the acutely admitted geriatric patient: findings from the Copenhagen PROTECT study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="387 831 1533 931"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="387 1043 1533 1144"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="387 1267 1533 1368"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/11-2023

Your Name: Finn E Nielsen

Manuscript Title: Profile of the acutely admitted geriatric patient: findings from the Copenhagen PROTECT study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 3/11-2023

Your Name: Eckart Pressel

Manuscript Title: Profile of the acutely admitted geriatric patient: findings from the Copenhagen PROTECT study

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ICMJE DISCLOSURE FORM

Date: 3/11-2023

Your Name: Miriam R Wejse

Manuscript Title: Profile of the acutely admitted geriatric patient: findings from the Copenhagen PROTECT study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 3/11-2023

Your Name: Anette Ekman

Manuscript Title: Profile of the acutely admitted geriatric patient: findings from the Copenhagen PROTECT study

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Date: 3/11-2023

Your Name: Pernille Hansen

Manuscript Title: Profile of the acutely admitted geriatric patient: findings from the Copenhagen PROTECT study

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Date: 3/11-2023

Your Name: Sofie K Hansen

Manuscript Title: Profile of the acutely admitted geriatric patient: findings from the Copenhagen PROTECT study

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/11-2023

Your Name: Hanne Nygaard

Manuscript Title: Profile of the acutely admitted geriatric patient: findings from the Copenhagen PROTECT study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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ICMJE DISCLOSURE FORM

Date: 3/11-2023

Your Name: Martin Schultz

Manuscript Title: Profile of the acutely admitted geriatric patient: findings from the Copenhagen PROTECT study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 3/11-2023

Your Name: Rikke S Kamper

Manuscript Title: Profile of the acutely admitted geriatric patient: findings from the Copenhagen PROTECT study

Manuscript Number (if known): [Click or tap here to enter text.](#)

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