ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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## Section 1. Identifying Information

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<th>4. Are you the corresponding author?</th>
</tr>
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<tbody>
<tr>
<td>Hanne Beck</td>
<td>Mieritz</td>
<td>24-July-2017</td>
<td>Yes ☑️ No ☐</td>
</tr>
</tbody>
</table>

5. **Manuscript Title**
   General practitioners requesting a rapid ambulance response
   - An evaluation of the communication between general practitioners and the staff at the emergency medical dispatch

6. **Manuscript Identifying Number (if you know it)**

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Are there any relevant conflicts of interest?  ☐ Yes ☑️ No

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Dr. Mieritz has nothing to disclose

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Mikkelsen 1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Søren

2. Surname (Last Name)  
   Mikkelsen

3. Date  
   14-July-2017

4. Are you the corresponding author?  
   ✔ No

Corresponding Author's Name  
   Hanne Beck Mieritz

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Mikkelsen has nothing to disclose.

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<tr>
<td>Camilla</td>
<td>Rønnov</td>
<td>10-July-2017</td>
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4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author’s Name  
Hanne b Mieritz

5. Manuscript Title  
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Dr. Rønnov has nothing to disclose.

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Corresponding Author's Name
Hanne Beck Mieritz

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Dr. Zwisler has nothing to disclose.

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1. Given Name (First Name)  
   Gitte

2. Surname (Last Name)  
   Jørgensen

3. Date  
   14-August-2017

4. Are you the corresponding author?  
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Corresponding Author’s Name  
Hanne Mieritz

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