

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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2. The work under consideration for publication.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mathilde Glud

2. Surname (Last Name)

Christensen

3. Date

06-December-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Prevalence of Sarcopenia in a Danish geriatric out-patient population

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Christensen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Katrine Storm	2. Surname (Last Name) Piper	3. Date 23-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mathilde Glud Christensen
5. Manuscript Title Prevalence of Sarcopenia in a Danish geriatric out-patient population		
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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Are there any relevant conflicts of interest? Yes No

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Dr. Piper has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rasmus	2. Surname (Last Name) Dreier	3. Date 23-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mathilde Christensen
5. Manuscript Title Prevalence of Sarcopenia in a Danish geriatric out-patient population		
6. Manuscript Identifying Number (if you know it)		

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Dr. Dreier has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Charlotte	2. Surname (Last Name) Suetta	3. Date 27-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mathilde Glud Christensen
5. Manuscript Title Prevalence of Sarcopenia in a Danish geriatric out-patient population		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Hanne Elkjær	2. Surname (Last Name) Andersen	3. Date 23-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mathilde Glud Christensen
5. Manuscript Title med titlen "Prevalence of Sarcopenia in a Danish geriatric out-patient population"		
6. Manuscript Identifying Number (if you know it) UFL-10-17-0789		

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