

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ebbe

2. Surname (Last Name)

Thinggaard

3. Date

18-January-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Meningsfyldte målinger af lægers kompetencer

6. Manuscript Identifying Number (if you know it)

UFL-10-17-0761

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Thinggaard has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ann Sofia Skou

2. Surname (Last Name)
Thomsen

3. Date
18-January-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ebbe Thinggaard

5. Manuscript Title
Meningsfyldte målinger af lægers kompetencer

6. Manuscript Identifying Number (if you know it)
UFL-10-17-0761

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Dr. Thomsen 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) Lotte Dyhrberg	2. Surname (Last Name) O'Neill	3. Date 18-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ebbe Thinggaard
5. Manuscript Title Meningsfyldte målinger af lægers kompetencer		
6. Manuscript Identifying Number (if you know it) UFL-10-17-0761		

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Lars

2. Surname (Last Name)

Konge

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18-January-2018

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Corresponding Author's Name

Ebbe Thinggaard

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