ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
2. The work under consideration for publication.
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.
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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Tina Heidi  
2. Surname (Last Name)  
   Pedersen  
3. Date  
   10-September-2014  
4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name  
   Thomas Løkkegaard  
5. Manuscript Title  
   Quality of oral anticoagulation treatment with warfarin in general practice using INR point of care testing  
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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   Yes ☐  No ☑

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ☐  No ☑
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Dr. Pedersen has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Frans Boch
2. **Surname (Last Name)**
   - Waldorff
3. **Date**
   - 20-August-2014
4. **Are you the corresponding author?**
   - No
5. **Manuscript Title**
   - Quality of oral anticoagulation treatment with warfarin in general practice using INR point of care testing
6. **Manuscript Identifying Number (if you know it)**

### Section 2. The Work Under Consideration for Publication

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- Yes
- No

### Section 3. Relevant financial activities outside the submitted work.

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- Yes
- No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Volkert

2. Surname (Last Name)  
Siersma

3. Date  
21-August-2014

4. Are you the corresponding author?  
[ ] Yes  [✓] No  
Corresponding Author’s Name  
Thomas Løkkegaard

5. Manuscript Title  
Quality of oral anticoagulation treatment with warfarin in general practice using INR point of care testing

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Dr. Siersma has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Løkkegaard

3. Date  
   19-August-2014

4. Are you the corresponding author?  
   ✔ Yes  No

5. Manuscript Title  
   Quality of oral anticoagulation treatment with warfarin in general practice using INR point of care testing

6. Manuscript Identifying Number (if you know it)

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Løkkegaard
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Section 1. Identifying Information

1. Given Name (First Name) Bent
2. Surname (Last Name) Lind
3. Date 18-September-2014
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Thomas Løkkegaard

5. Manuscript Title
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