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.

1. **Identifying information.**

2. **The work under consideration for publication.**

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

3. **Relevant financial activities outside the submitted work.**

   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

**Definitions.**

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)**  
   Michelle
2. **Surname (Last Name)**  
   Malon
3. **Date**  
   04-October-2013
4. **Are you the corresponding author?**  
   [ ] Yes  
   [X] No
5. **Manuscript Title**  
   Implementing video cases in clinical paediatric teaching and examination of medical students
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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the "X" button.

<table>
<thead>
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<tr>
<td>Faculty of Health and Medical Science, University of Copenhagen</td>
<td>✔️</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
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[ ] Yes  
[ ] No

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Malon reports grants from Faculty of Health and Medical Science, University of Copenhagen, during the conduct of the study;

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)  
Dina

2. Surname (Last Name)  
Cortes

3. Date  
4. 10 2013

4. Are you the corresponding author?  
[ ] Yes  ✔ No

Corresponding Author’s Name
Michelle Malon

5. Manuscript Title  
Implementing video cases in clinical paediatric teaching and examination of medical students

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Cortes 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)  
   Jette Led

2. Surname (Last Name)  
   Sorensen

3. Date  
   04-October-2013

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
   Michelle Malon

5. Manuscript Title  
   Implementing video cases in clinical paediatric teaching and examination of medical students

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Sorensen 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)  Anja
2. Surname (Last Name)  Poulsen
3. Date  2013/10/03
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Implementing video cases in clinical paediatric teaching and examination of medical students
6. Manuscript Identifying Number (if you know it)

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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Are there any relevant conflicts of interest?  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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Poulsen has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
Definitions

Relationships not covered above.

This section reiterates prior Code of Ethics principles, including the need to disclose such relationships and to maintain professionalism.

Intellectual Property

The work under consideration for publication.

Identifying Information.

Informed Consent Form.

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Are there any recent conflicts of interest?

Section 3. Relevant Financial Activities Outside the Submitted Work

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Did you or your institution accept any honorarium or travel support from a third party (government, commercial, philanthropic, etc.) for any aspect of the submitted work including but not limited to grants, database maintenance, board study design, manuscript preparation, etc.?

Section 1. Identifying Information

1. Given name (first name)
2. Surname (last name)
3. Date of birth
4. Are you the corresponding author?
5. Manuscript title

International Committee of Medical Journal Editors
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Dr. Ngaland has nothing to disclose.

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>Henrik Bindesbøl</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Mortensen</td>
</tr>
<tr>
<td>3. Date</td>
<td>07-October-2013</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  

5. Manuscript Title  
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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Mortensen has nothing to disclose.

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Bruusgaard Jensen
# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. **Given Name (First Name)**
   - Maria

2. **Surname (Last Name)**
   - Bruusgaard Jensen

3. **Date**
   - 07-October-2013

4. **Are you the corresponding author?**
   - Yes [✔]  No [ ]

   **Corresponding Author’s Name**
   - Michelle Malon

5. **Manuscript Title**
   - Implementing video cases in clinical paediatric teaching and examination of medical students

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?**
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Dr. Bruusgaard Jensen has nothing to disclose.

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Section 1. Identifying Information
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   Jesper
2. Surname (Last Name)
   Andersen
3. Date
   08-October-2013
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name
   Michelle Malon
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Jesper Andersen

Ledende overlæge, Ph.D., klinisk lektor
Børneafdelingen
Nordsjællands Hospital
Hillerød

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**Section 1. Identifying Information**

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   Gorm

2. Surname (Last Name)  
   Greisen

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   07-October-2013

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   Yes ☑ No

Corresponding Author’s Name  
Michelle Malon

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Yes ☑ No

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Dr. Greisen reports grants from Copenhagen University, during the conduct of the study.

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