ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anders Kolind</td>
<td>Christensen</td>
<td>28-September-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
   Snor-monteret navneskilt øger risiko for mangelfuld identifikation af læger

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

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.  
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 1. Identifying Information

1. Given Name (First Name)  
   Henning

2. Surname (Last Name)  
   Grønbæk

3. Date  
   29-September-2018

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author's Name  
   Anders Kolind Christensen

5. Manuscript Title  
   Snor-monteret navneskiltager risiko for mangelfuld identifikation af læger

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.  
Are there any relevant conflicts of interest?  
   [ ] Yes  [ ] No  
   If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOVO Nordisk Foundation</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abbvie</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercept</td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ipsen</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
<td>[ ]</td>
<td>Advisory board</td>
</tr>
<tr>
<td>Novartis</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
<td>[ ]</td>
<td>Advisory board</td>
</tr>
</tbody>
</table>
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Jepsen

3. Date  
   30-September-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [ ] No  
   Corresponding Author’s Name  
   Anders Kolind Christensen

5. Manuscript Title  
   Smør-monteret navneskilt øger risiko for mangelfuld identifikation af læger

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

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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

Jepsen