

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

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## Section 1. Identifying Information

1. Given Name (First Name) Anette      2. Surname (Last Name) Pedersen      3. Date 21-June-2013

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Stress og udbrændthed hos alment praktiserende 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

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Kvalitets- og efteruddannelsesudvalget i Region Midtjylland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 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

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Dr. Pedersen reports grants from Kvalitets- og efteruddannelsesudvalget i Region Midtjylland, during the conduct of the study; .

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1. Given Name (First Name)  
Frede

2. Surname (Last Name)  
Olesen

3. Date  
21-June-2013

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Anette Pedersen

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### Section 1. Identifying Information

1. Given Name (First Name) Christina	2. Surname (Last Name) Andersen	3. Date 21-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anette Pedersen
5. Manuscript Title Stress og udbrændthed hos alment praktiserende læger		
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