

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Rosted

3. Date
15-November-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Geriatric intervention and ISAR screening: Identification and optimal treatment of FRAIL elderly

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Rosted has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Helle	2. Surname (Last Name) Dynesen	3. Date 15-November-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Rosted
5. Manuscript Title Geriatric intervention and ISAR screening: Identification and optimal treatment of FRAIL elderly		
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Dr. Dynesen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Maria	2. Surname (Last Name) Sørensen	3. Date 15-November-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Rosted
5. Manuscript Title Geriatric intervention and ISAR screening: Identification and optimal treatment of FRAIL elderly		
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sørensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marjun	2. Surname (Last Name) Dahl	3. Date 15-November-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Rosted
5. Manuscript Title Geriatric intervention and ISAR screening: Identification and optimal treatment of FRAIL elderly		
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Dr. Dahl has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Martin	2. Surname (Last Name) Schultz	3. Date 15-November-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Rosted
5. Manuscript Title Geriatric intervention and ISAR screening: Identification and optimal treatment of FRAIL elderly		
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Dr. Schultz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Suzanne	2. Surname (Last Name) Sanders	3. Date 15-November-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Rosted
5. Manuscript Title Geriatric intervention and ISAR screening: Identification and optimal treatment of FRAIL elderly		
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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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

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Dr. Sanders has nothing to disclose.

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