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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jette Led

2. Surname (Last Name)  
   Sørensen

3. Date  
   31-August-2015

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

5. Manuscript Title  
   Der er behov for at integrere faciliteter til uddannelse og læring ind i nye hospitalsbyggerier

6. Manuscript Identifying Number (if you know it)  
   UFL-02-15-0140

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Dr. Sorensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Anne-Mette Bang

2. Surname (Last Name)  
   Termansen

3. Date  
   31-August-2015

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

   Corresponding Author's Name  
   Jette Led Sørensen

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Dr. Termansen has nothing to disclose.

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Rasmussen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1: Identifying Information

1. Given Name (First Name)  
Naja Lynghe

2. Surname (Last Name)  
Rasmussen

3. Date  
31-August-2015

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

Corresponding Author’s Name  
Jette Led Sørensen

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

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Laugesen
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1. Given Name (First Name)  
   Toke

2. Surname (Last Name)  
   Laugesen

3. Date  
   31-August-2015

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   [ ] Yes  [✓] No  
   Corresponding Author’s Name  
   Jette Led Sørensen

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1. Given Name (First Name)  
   Marthe Krogh

2. Surname (Last Name)  
   Topperzer

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   31-August-2015

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1. Given Name (First Name)  
Kurt Stig

2. Surname (Last Name)  
Jensen

3. Date  
31-August-2015

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Corresponding Author's Name  
Jette Led Sørensen

5. Manuscript Title  
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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".

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

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Fries Hansen
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1. Given Name (First Name)  Mette Marie
2. Surname (Last Name)  Fris Hansen
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   Corresponding Author's Name  Jette Led Sørensen

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6. Manuscript Identifying Number (if you know it)  UFI-02-15-0140

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   Bent

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   Ottesen

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   Corresponding Author's Name  
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