ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1.** Identifying Information

1. Given Name (First Name)  
Marlene  

2. Surname (Last Name)  
Skovgaard  

3. Date  
18-October-2014  

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

5. Manuscript Title  
Publications and PhD enrolment following a medical pre-graduate research programme  

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.

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<tr>
<td>Graduate School of Health, Aarhus University</td>
<td>☐</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>Salary for the working hours spent on the project. The funding sources were involved in deciding the study design but had no role in the data handling, manuscript writing or decision to submit.</td>
</tr>
</tbody>
</table>

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

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Section 4. Intellectual Property -- Patents & Copyrights

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is a former member of Society for Medical Student Research, Aarhus University

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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. Skovgaard reports personal fees from Graduate School of Health, Aarhus University, during the conduct of the study; and is a former member of Society for Medical Student Research, Aarhus University.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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

2. **Surname (Last Name)**
   - Okkels

3. **Date**
   - 16-October-2014

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

5. **Manuscript Title**
   - Publications and PhD enrolment following a medical pre-graduate research programme

6. **Manuscript Identifying Number (if you know it)**

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- Yes
- No [✔]

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Dr. Okkels reports and is a former member of Society for Medical Student Research, Aarhus University.
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Section 1. Identifying Information

1. Given Name (First Name)  
Mette Krogh

2. Surname (Last Name)  
Christensen

3. Date  
02-October-2014

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

Corresponding Author’s Name  
Marlene Skovgaard

5. Manuscript Title  
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Dr. Christensen has nothing to disclose.

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<td>Niklas</td>
<td>Telinius</td>
<td>10-February-2014</td>
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</table>

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

<table>
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<th>Corresponding Author’s Name</th>
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<tr>
<td>Marlene Skovgaard</td>
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5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  Ellen-Margrethe
2. Surname (Last Name)  Hauge
3. Date  16-October-2014
4. Are you the corresponding author?  Yes ✔ No
Corresponding Author’s Name  Marlene Skovgaard

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