

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) Susanne	2. Surname (Last Name) Reventlow	3. Date 29-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frans Boch Waldorff
5. Manuscript Title Danish General Practitioners' a priori attitudes towards a mandatory national accreditation program		
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. Reventlow has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thorkil	2. Surname (Last Name) Thorsen	3. Date 27-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frans Boch Waldorff
5. Manuscript Title Danish General Practitioners' a priori attitudes towards a mandatory national accreditation program		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Thorsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Cecilie Lybeck
2. Surname (Last Name)
Hutters
3. Date
27-February-2016
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Frans Boch Waldorff
5. Manuscript Title
Danish General Practitioners' a priori attitudes towards a mandatory national accreditation program
6. Manuscript Identifying Number (if you know it)

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Dr. Hutters has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Dagný Rós

2. Surname (Last Name)

Nicolaisdóttir

3. Date

01-March-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Frans Boch Waldorff

5. Manuscript Title

Danish General Practitioners' a priori attitudes towards a mandatory national accreditation program

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Frans Boch

2. Surname (Last Name)

Waldorff

3. Date

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Yes No

Corresponding Author's Name

Astrid Raahede

5. Manuscript Title

Akutte indlæggelser fra plejehjem

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Dr. Waldorff do not have any conflicts of interests

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Jens

2. Surname (Last Name) _____
Søndergaard

3. Date _____
08-March-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name _____
Frans Boch Waldorff

5. Manuscript Title _____
Danish General Practitioners' a priori attitudes towards a mandatory national accreditation program

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

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This study is supported by the Danish Regions and the danish General Practitioners' trade Union

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The reserch instituion has received grants from national funds, GSK, AstraZeneca, ministeries and the regions

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Søndergaard reports other from null, during the conduct of the study; other from null, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Louise

2. Surname (Last Name)
Bisgaard

3. Date
29-February-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Frans Boch Waldorff

5. Manuscript Title
Danish General Practitioners' a priori attitudes towards a mandatory national accreditation program

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Are there any relevant conflicts of interest? Yes No

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Bisgaard has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Line	2. Surname (Last Name) Pedersen	3. Date 01-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frans Waldorff
5. Manuscript Title Danish General Practitioners' a priori attitudes towards a mandatory national accreditation program		
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

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 has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Marius
2. Surname (Last Name)
Kousgaard
3. Date
29-February-2016
4. Are you the corresponding author? Yes No Corresponding Author's Name
5. Manuscript Title
Danish General Practitioners' a priori attitudes towards a mandatory national accreditation program
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Dr. Kousgaard has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Merethe Kirstine

2. Surname (Last Name)

Andersen

3. Date

08-March-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Frans Boch Waldorff

5. Manuscript Title

Danish General Practitioners' a priori attitudes towards a mandatory national accreditation program

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Dr. Andersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Flemming	2. Surname (Last Name) Bro	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frans Waldorff
5. Manuscript Title Danish General Practitioners' a priori attitudes towards a mandatory national accreditation program		
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