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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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) Emely
2. Surname (Last Name) Ek Blæhr
3. Date 08-April-2016
4. Are you the corresponding author? Yes
5. Manuscript Title Non-attendance in routine practice of two public hospital outpatient clinics: An observational study
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

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Emely Ek Blæhr has nothing to disclose.

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<tr>
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<th>2. Surname (Last Name)</th>
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<tbody>
<tr>
<td>Ulla</td>
<td>Væggemose</td>
<td>11-April-2016</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [✔] No  
   
   Corresponding Author’s Name  
   Emely Ek Blæhr

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   Non-attendance in routine practice of two public hospital outpatient clinics: An observational study

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Are there any relevant conflicts of interest?  
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   - [✔] No

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Ulla Væggemose 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)**
   - Rikke

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

3. **Date**
   - 11-April-2016

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

   **Corresponding Author’s Name**
   - Emely Blæhr

5. **Manuscript Title**
   - Non-attendance in routine practice of two public hospital outpatient clinics: An observational study

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

## Section 2. The Work Under Consideration for Publication

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Dr. Søgaard has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Thomas</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Kristensen</td>
</tr>
<tr>
<td>3. Date</td>
<td>11-April-2016</td>
</tr>
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<td>4. Are you the corresponding author?</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Emely Ek Blæhr</td>
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