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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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)
   Lene

2. Surname (Last Name)
   Jarlbaek

3. Date
   18-June-2019

4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
   Patients in Danish hospitals, who are in their last year of life – a population-based study

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

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Are there any relevant conflicts of interest?  ✔ No

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Are there any relevant conflicts of interest?  ✔ No

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Dr. Jarlbaek has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  David
2. Surname (Last Name)  Clark
3. Date

4. Are you the corresponding author?  No
   Corresponding Author’s Name  Lene Jarlbaek

5. Manuscript Title
   Patients in Danish hospitals, who are in their last year of life – a population-based study

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

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Professor Clark has nothing to disclose.

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<tr>
<td>2. Surname (Last Name)</td>
<td>Gott</td>
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<td>3. Date</td>
<td>13-June-2019</td>
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</tbody>
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4. Are you the corresponding author? [No] ✔ [Yes]

<table>
<thead>
<tr>
<th>Corresponding Author’s Name</th>
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<td>Lene Jarlbaek</td>
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5. Manuscript Title

*Patients in Danish hospitals, who are in their last year of life – a population-based study*

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Dr. Gott has nothing to disclose.

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1. Given Name (First Name)  
   Helle

2. Surname (Last Name)  
   Timm

3. Date  
   21-May-2019

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Lene Jarlbaek

5. Manuscript Title  
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