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.

1. Identifying information.

2. The work under consideration for publication.

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

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Hansen
Section 1. Identifying Information

1. Given Name (First Name)  
   Ole Møller

2. Surname (Last Name)  
   Hansen

3. Date  
   29-September-2019

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

5. Manuscript Title  
   Characteristics and outcomes of paediatric poly-trauma patients admitted to a Danish trauma centre

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   ☐ Yes  
   ✔ No

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   ✔ No

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Section 6. Disclosure Statement

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Dr. Hansen has nothing to disclose.

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)  Ronni
2. Surname (Last Name)  Mikkelsen
3. Date  04-April-2019
4. Are you the corresponding author?  Yes  No
   ✔  Corresponding Author’s Name  Ole Møller Hansen

5. Manuscript Title
   Characteristics and outcomes of paediatric poly-trauma patients admitted to a Danish trauma centre

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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Dr. Mikkelsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jennifer Rosenkjær
2. Surname (Last Name) Eskol
3. Date 10-October-2019
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name Ole Møller Hansen
5. Manuscript Title Characteristics and outcomes of paediatric poly-trauma patients admitted to a Danish trauma centre
6. Manuscript Identifying Number (if you know it)

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Dr. Eskol has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ole

2. Surname (Last Name)  
   Brink

3. Date  
   29-September-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Ole Møller Hansen

5. Manuscript Title  
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