

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.

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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)

Tobias

2. Surname (Last Name)

Arleth

3. Date

22-February-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Time from injury to arrival at the trauma centre in patients undergoing interhospital transfer – a retrospective study

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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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Arleth has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Christian

2. Surname (Last Name)
Svane

3. Date
05-March-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Tobias Arleth

5. Manuscript Title
Time from injury to arrival at the trauma centre in patients undergoing interhospital transfer – a retrospective study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Svane has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Søren Steemann	2. Surname (Last Name) Rudolph	3. Date 20-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tobias Arleth
5. Manuscript Title Time from injury to arrival at the trauma centre in patients undergoing interhospital transfer – a retrospective study		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Lars	2. Surname (Last Name) Rasmussen	3. Date 21-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tobias Arleth
5. Manuscript Title Time from injury to arrival at the trauma centre in patients undergoing interhospital transfer – a retrospective study		
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