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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

Kronborg
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Thit
2. Surname (Last Name)  Kronborg
3. Date  13-May-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Experience from a Covid19 first-line referral clinic in Greater Copenhagen
Covid19 and symptoms of Upper Respiratory Tract Infections
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 3. Relevant financial activities outside the submitted work.

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Dr. Kronborg 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)  
Nina

2. Surname (Last Name)  
Kimer

3. Date  
13-May-2020

4. Are you the corresponding author?  

☐ Yes  ☑ No

Corresponding Author’s Name  
Thit Mynster Kronborg

5. Manuscript Title  
Experience from a Covid19 first-line referral clinic in Greater Copenhagen

6. Manuscript Identifying Number (if you know it)

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☐ Yes  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

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Section 6. Disclosure Statement

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Dr. Kimer has nothing to disclose.

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Junker
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Anders
2. Surname (Last Name)  Junker
3. Date
4. Are you the corresponding author?  No
   ✔

Corresponding Author's Name  Thit Mynster Kronborg

5. Manuscript Title
   Experience from a Covid19 first-line referral clinic in Greater Copenhagen

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?  No
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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Junker 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) Mikkel
2. Surname (Last Name) Werge
3. Date 13-May-2020
4. Are you the corresponding author? [ ] Yes [x] No
   Corresponding Author's Name
   Thit Mynster Kronborg
5. Manuscript Title
   Experience from a Covid19 first-line referral clinic in Greater Copenhagen
6. Manuscript Identifying Number (if you know it)

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Dr. Werge has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Lise Lotte</td>
<td>Gluud</td>
<td>13-May-2020</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Corresponding Author's Name</th>
<th></th>
</tr>
</thead>
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<tr>
<td>Thit Mynster Kronborg</td>
<td></td>
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</table>

5. Manuscript Title  
Experience from a Covid19 first-line referral clinic in Greater Copenhagen

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## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gluud has nothing to disclose.

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   Use this section to report 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.

Definitions.

**Entity**: government agency, foundation, commercial sponsor, academic institution, etc.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Henriette

2. Surname (Last Name)  
Ytting

3. Date  
13-May-2020

4. Are you the corresponding author?  
Yes ✔ No

Corresponding Author’s Name  
Thit Mynster Kronborg

5. Manuscript Title  
Experience from a Covid19 first-line referral clinic in Greater Copenhagen

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?  
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Dr. Ytting has nothing to disclose.

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