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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Amalie

2. Surname (Last Name)  
   Hansen

3. Date  
   20-April-2019

4. Are you the corresponding author?  
   ☑️ No  
   Corresponding Author’s Name  
   Marie Nørredam

5. Manuscript Title  
   Providing targeted healthcare services for immigrants with complex health needs

6. Manuscript Identifying Number (if you know it)  
   UFL-03-19-0160

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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?  
   ☑️ No

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Section 3. Relevant financial activities outside the submitted work.

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Dr. Hansen has nothing to disclose.

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Kristiansen
## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td>Kristiansen</td>
<td>24-April-2019</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
Providing targeted healthcare services for immigrants with complex health needs

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 ☐ No ✔

## Section 3. Relevant financial activities outside the submitted work.

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

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ✔
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Dr. Kristiansen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)
   - Marie

2. Surname (Last Name)
   - Nørredam

3. Date
   - 20-April-2019

4. Are you the corresponding author?
   - Yes ✔

5. Manuscript Title
   - Providing targeted healthcare services for immigrants with complex health needs

6. Manuscript Identifying Number (if you know it)
   - UFL-03-19-0160

### Section 2. The Work Under Consideration for Publication

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

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- No
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Dr. Nørredam 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)  
   Hanna

2. Surname (Last Name)  
   Rosenkrands

3. Date  
   19-April-2019

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

   Corresponding Author’s Name  
   Marie Nørredam

5. Manuscript Title  
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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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   [ ] Yes  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
   ✔ No
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Dr. Rosenkrands has nothing to disclose.

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