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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3. Relevant financial activities outside the submitted work.

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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
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Section 1. Identifying Information
1. Given Name (First Name)  Bo
2. Surname (Last Name)  Gerdes
3. Date  15-April-2020
4. Are you the corresponding author?  Yes  ✔  No
   Corresponding Author’s Name
   Peter Lange
5. Manuscript Title
   Management of patients with COPD, Type 2 diabetes and both diseases in primary care in Denmark
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  ✔  No
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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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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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lise  

2. Surname (Last Name)  
   Tarnow  

3. Date  
   15-April-2020  

4. Are you the corresponding author?  
   Yes ✗ No  

   Corresponding Author’s Name  
   Peter Lange  

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   Management of patients with COPD, Type 2 diabetes and both diseases in primary care in Denmark  

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Are there any relevant conflicts of interest?  
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Warrer Petersen
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1. Given Name (First Name)  
   Per

2. Surname (Last Name)  
   Warrer Petersen

3. Date  
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   Peter Lange

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