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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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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**Other:** Anything not covered under the previous three boxes

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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)  Mariana Bichuette
2. Surname (Last Name)  Cartulaires
3. Date  05-November-2019
4. Are you the corresponding author?  ✔ Yes  No

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

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Dr. Cartulaires has nothing to disclose.

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Identifying Information

1. Given Name (First Name)  
Line Marie

2. Surname (Last Name)  
Sundal

3. Date  
05-November-2019

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Mariana Bichuette Cartulaires

5. Manuscript Title  
Low yield of sputum samples in revision of antibiotic treatment at the Emergency Department

6. Manuscript Identifying Number (if you know it)

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Dr. Sundal has nothing to disclose.

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Gustavsson
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Susanne

2. Surname (Last Name)  
   Gustavsson

3. Date  
   05-November-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Mariana Bichuette Cartulaires

5. Manuscript Title  
   Low yield of sputum samples in revision of antibiotic treatment at the Emergency Department

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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Are there any relevant conflicts of interest?  
   Yes  ✔  No

Section 4. Intellectual Property -- Patents & Copyrights

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   Yes  ✔  No
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Dr. Gustavsson 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)  
Helene

2. Surname (Last Name)  
Skjøt-Arkil

3. Date  
05-November-2019

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Mariana Bichuette Cartulaires

5. Manuscript Title  
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Dr. Skjøt-Arkil has nothing to disclose.

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Identifying Information

1. Given Name (First Name)  Christian Backer
2. Surname (Last Name)  Mogensen
3. Date  05-November-2019
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Low yield of sputum samples in revision of antibiotic treatment at the Emergency Department

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