

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Catrine 2. Surname (Last Name) Bakkedal 3. Date 30-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Mikkel Bring Christensen

5. Manuscript Title
Medication errors in residential facilities: an analysis based on Danish Poison Center inquiries

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Copenhagen Center for Health Technology, CACHET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of clinical pharmacology, Bispebjerg Hospital, The Capital Region	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bakkedal reports grants from Copenhagen Center for Health Technology, Department of Clinical Pharmacology , grants from Department of clinical pharmacology, Bispebjerg Hospital, The Capital Region, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Nete Brandt
2. Surname (Last Name)
Hansen
3. Date
26-October-2020
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Mikkel Bring Christensen
5. Manuscript Title
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1. Given Name (First Name) Karen Reenberg
2. Surname (Last Name) Eriksen
3. Date 26-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Mikkel Bring Christensen

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)
Kim

2. Surname (Last Name)
Dalhoff

3. Date
28-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mikkel Bring Christensen

5. Manuscript Title

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Dr. Dalhoff has nothing to disclose.

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Søren

2. Surname (Last Name)
Bøgevig

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28-October-2020

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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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Section 1. Identifying Information

1. Given Name (First Name)
Tonny Studsgaard

2. Surname (Last Name)
Petersen

3. Date
28-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title

Medication errors in Danish residential facilities: a descriptive analysis based on Danish Poison Information Center inquiries.

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

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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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Section 1. Identifying Information

1. Given Name (First Name)

Maarten

2. Surname (Last Name)

Rozing

3. Date

31-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Mikkel Christenen

5. Manuscript Title

Medication errors in residential facilities: an analysis based on Danish Poison Center inquiries.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)
Mikkel

2. Surname (Last Name)
Christensen

3. Date
29-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Medication errors in residential facilities: an analysis based on Danish Poison Center inquiries.

6. Manuscript Identifying Number (if you know it)

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