

ICMJE DISCLOSURE FORM

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Date: 10. december 2021

Your name: Tobias Sejbaek

Manuscript title: Validation of patient reported triage algorithms is needed before clinical implementation

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Date: 10. december 2021

Your name: Tatiana Viktoria Danielsen

Manuscript title: Validation of patient reported triage algorithms is needed before clinical implementation

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Date: 10. december 2021

Your name: Eva Myrdal

Manuscript title: Validation of patient reported triage algorithms is needed before clinical implementation

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