

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)
Thit

2. Surname (Last Name)
Kronborg

3. Date
13-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Experience from a Covid19 first-line referral clinic in Greater Copenhagen
Covid19 and symptoms of Upper Respiratory Tract Infections

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Kronborg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nina	2. Surname (Last Name) Kimer	3. Date 13-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thit Mynster Kronborg
5. Manuscript Title Experience from a Covid19 first-line referral clinic in Greater Copenhagen		
6. Manuscript Identifying Number (if you know it)		

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Dr. Kimer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Anders	2. Surname (Last Name) Junker	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thit Mynster Kronborg
5. Manuscript Title Experience from a Covid19 first-line referral clinic in Greater Copenhagen		
6. Manuscript Identifying Number (if you know it)		

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Dr. Junker has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mikkel	2. Surname (Last Name) Werge	3. Date 13-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thit Mynster Kronborg
5. Manuscript Title Experience from a Covid19 first-line referral clinic in Greater Copenhagen		
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Section 1. Identifying Information

1. Given Name (First Name) Lise Lotte	2. Surname (Last Name) Glud	3. Date 13-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thit Mynster Kronborg
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Section 1. Identifying Information

1. Given Name (First Name) Henriette	2. Surname (Last Name) Ytting	3. Date 13-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thit Mynster Kronborg
5. Manuscript Title Experience from a Covid19 first-line referral clinic in Greater Copenhagen		
6. Manuscript Identifying Number (if you know it)		

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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.)?

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Dr. Ytting has nothing to disclose.

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