

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Christian

2. Surname (Last Name)
Brieghel

3. Date
25-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinical impact of age, comorbidities, blood tests, and disease severity in patients with COVID-19

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Brieghel 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) Pernille	2. Surname (Last Name) Ravn	3. Date 25-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Brieghel
5. Manuscript Title Clinical impact of age, comorbidities, blood tests, and disease severity in patients with COVID-19		
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ravn has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Emil Schwartz	2. Surname (Last Name) Walsted	3. Date 25-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Brieghel
5. Manuscript Title Clinical impact of age, comorbidities, blood tests, and disease severity in patients with COVID-19		
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1. Given Name (First Name) Thomas	2. Surname (Last Name) Mohr	3. Date 25-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Brieghel
5. Manuscript Title Clinical impact of age, comorbidities, blood tests, and disease severity in patients with COVID-19		
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Jonas Juhl

2. Surname (Last Name)
Thomsen

3. Date
25-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christian Brieghel

5. Manuscript Title

Clinical impact of age, comorbidities, blood tests, and disease severity in patients with COVID-19

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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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Dr. Thomsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tor	2. Surname (Last Name) Biering-Sørensen	3. Date 25-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Brieghel
5. Manuscript Title Clinical impact of age, comorbidities, blood tests, and disease severity in patients with COVID-19		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christian	2. Surname (Last Name) Søborg	3. Date 25-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Brieghel
5. Manuscript Title Clinical impact of age, comorbidities, blood tests, and disease severity in patients with COVID-19		
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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marie Louise	2. Surname (Last Name) Lund	3. Date 25-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Brieghel
5. Manuscript Title Clinical impact of age, comorbidities, blood tests, and disease severity in patients with COVID-19		
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1. Given Name (First Name) Peter	2. Surname (Last Name) Ellekvist	3. Date 25-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Brieghel
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