

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.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Muzhda

2. Surname (Last Name)
Ghanizada

3. Date
15-May-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinical presentation, management and prognosis of patients with cardiac sarcoidosis

6. Manuscript Identifying Number (if you know it)

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Dr. Ghanizada has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kasper	2. Surname (Last Name) Rossing	3. Date 15-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Muzhda Ghanizada
5. Manuscript Title Clinical presentation, management and prognosis of patients with cardiac sarcoidosis		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Rossing has nothing to disclose.

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1. Given Name (First Name)
Henning

2. Surname (Last Name)
Bundgaard

3. Date
15-May-2017

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Yes No

Corresponding Author's Name
Muzhda Ghanizada

5. Manuscript Title
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Finn

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Gustafsson

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Corresponding Author's Name

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