

## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Joanna

2. Surname (Last Name)

Delekta

3. Date

17-August-2017

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

The validity of the diagnosis of heart failure in the Danish National Patient Register Register

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Delekta 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)  
Steen Møller

2. Surname (Last Name)  
Hansen

3. Date  
17-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Joanna Delekta

5. Manuscript Title

The validity of the diagnosis of heart failure in the Danish National Patient Register Register

6. Manuscript Identifying Number (if you know it)

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Dr. Hansen 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)  
Karam Sadoon

2. Surname (Last Name)  
AlZuhairi

3. Date  
17-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Joanna Delekta

5. Manuscript Title

The validity of the diagnosis of heart failure in the Danish National Patient Register Register

6. Manuscript Identifying Number (if you know it)

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Dr. AlZuhairi 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) Christian Soerensen	2. Surname (Last Name) Bork	3. Date 11-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joanna Delekta
5. Manuscript Title The validity of the diagnosis of heart failure in the Danish National Patient Register Register		
6. Manuscript Identifying Number (if you know it)		

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Dr. Bork has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Albert Marni	2. Surname (Last Name) Joensen	3. Date 11-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joanna Delekta
5. Manuscript Title The validity of the diagnosis of heart failure in the Danish National Patient Registry		
6. Manuscript Identifying Number (if you know it)		

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Dr. Joensen has nothing to disclose.

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