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.

1. Identifying information.

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   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   IVAN  
2. Surname (Last Name)  
   BREDBJERG MADSEN  
3. Date  
   13-October-2015  
4. Are you the corresponding author?  
   ☑ Yes  
   ✗ No  
   Corresponding Author’s Name  
   GITTE LEE MORTENSEN  
5. Manuscript Title  
   Quality of life effects of familial hypercholesterolemia: a comparative study.  
6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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.)?

Are there any relevant conflicts of interest?  
   ☑ Yes  
   ✗ No

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Are there any relevant conflicts of interest?  
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   ✗ No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☑ Yes  
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. BREDBJERG MADSEN has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gitte

2. Surname (Last Name)  
   Lee Mortensen

3. Date  
   13-October-2015

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   Quality of life effects of familial hypercholesterolemia: a comparative study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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.)?

Are there any relevant conflicts of interest?  
   Yes ✔ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<thead>
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<tbody>
<tr>
<td>Amgen</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Unrestricted research grant for the present study</td>
</tr>
</tbody>
</table>

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   Yes ✔ No

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<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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<tr>
<td>Amgen</td>
<td>✔</td>
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<td>☐</td>
<td>☐</td>
<td>Unrestricted research grant for a qualitative study of quality of life in myeloma (bone marrow cancer) to be carried out in 2015-2016</td>
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- [x] No

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Dr. Lee Mortensen reports grants from Amgen, during the conduct of the study; grants from Amgen, outside the submitted work; .

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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Charlotte

2. **Surname (Last Name)**  
   Kruse

3. **Date**  
   20-October-2015

4. **Are you the corresponding author?**  
   - Yes
   - No
   - ✔ No

5. **Manuscript Title**  
   Quality of life effects of familial hypercholesterolemia: a comparative study

6. **Manuscript Identifying Number (if you know it)**  

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Dr. Kruse has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Henning

2. **Surname (Last Name)**
   - Bundgaard

3. **Date**
   - 18-October-2015

4. **Are you the corresponding author?**
   - Yes ✔
   - No

5. **Manuscript Title**
   - Quality of life effects of familial hypercholesterolemia: a comparative study

6. **Manuscript Identifying Number (if you know it)**

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Henning Bundgaard has a research collaboration with Amgen. Henning Bundgaard receives lecture fees from MSD, Shire, Sanofi and Astra-Zeneca.

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