

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Emil	2. Surname (Last Name) Fosbøl	3. Date 31-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morten Schmidt
5. Manuscript Title Kardiovaskulære risici ved NSAID behandling		
6. Manuscript Identifying Number (if you know it)		

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Fosbøl 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) Anne-Marie	2. Surname (Last Name) Schjerning Olsen	3. Date 30/9 2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morten Schmidt
5. Manuscript Title Kardiovaskulære risici ved NSAID behandling		
6. Manuscript Identifying Number (if you know it)		

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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) Torp-Pedersen	3. Date 30-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morten Schmidt
5. Manuscript Title Kardiovaskulære risici ved NSAID behandling		
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Cardiome	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antiarrhythmic drugs
Merck	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antiarrhythmic drugs
Sanofi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antiarrhythmic drugs
Daiichi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticoagulation
BMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Atrial fibrillation

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Dr. Torp-Pedersen reports grants and personal fees from Cardiome, grants and personal fees from Merck, grants and personal fees from Sanofi, grants and personal fees from Daiichi, grants from BMS, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Morten

2. Surname (Last Name)

Schmidt

3. Date

23-August-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Kardiovaskulære risici ved NSAID behandling

6. Manuscript Identifying Number (if you know it)

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Dr. Schmidt has nothing to disclose.

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1. Given Name (First Name) Bo	2. Surname (Last Name) Christensen	3. Date 28-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Morten Schmidt
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Bo Christensen has no conflict

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)
Gunnar

2. Surname (Last Name)
Gislason

3. Date
26-August-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Morten Schmidt

5. Manuscript Title
Kardiovaskulære risici ved NSAID behandling

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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gislason has nothing to disclose.

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