ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>Christian</th>
</tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Bork</td>
</tr>
<tr>
<td>3. Date</td>
<td>20-September-2016</td>
</tr>
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<td>5. Manuscript Title</td>
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Dr. Bork has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Joanna

2. Surname (Last Name)  
   Delekta

3. Date  
   20-September-2016

4. Are you the corresponding author?  
   Yes [ ]  No [x]

   Corresponding Author’s Name  
   Christian Bork

5. Manuscript Title  
   Positive predictive values of angina pectoris and acute coronary syndrome in the Danish National Patient Registry

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Dr. Delekta has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Karam
2. Surname (Last Name)  AlZuhairi
3. Date  20-September-2016
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Christian Bork
5. Manuscript Title
   Positive predictive values of angina pectoris and acute coronary syndrome in the Danish National Patient Registry
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Dr. AlZuhairi has nothing to disclose.

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<tr>
<td>Steen</td>
<td>Hansen</td>
<td>20-September-2016</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Christian Bork

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1. Given Name (First Name)  Albert
2. Surname (Last Name)  Joensen
3. Date  20-September-2016
4. Are you the corresponding author?  Yes  No
   ✔

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Dr. Joensen has nothing to disclose.

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