ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Soren

2. Surname (Last Name)  
   Hoffmann

3. Date  
   27-August-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Therapeutic hypothermia after cardiac arrest in a real life setting

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)  
   Rikke

2. Surname (Last Name)  
   Ersgaard

3. Date  
   09-September-2015

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author's Name  
   Søren Hoffmann

5. Manuscript Title  
   Therapeutic hypothermia after cardiac arrest in a real life setting

6. Manuscript Identifying Number (if you know it)  
   ULF-08-15-0694

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

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Dr. Ersgaard has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Anders

2. Surname (Last Name)  
   Beck

3. Date  
   09-September-2015

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Søren Hoffmann

5. Manuscript Title  
   Therapeutic hypothermia after cardiac arrest in a real life setting

6. Manuscript Identifying Number (if you know it)  
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Dr. Beck has nothing to disclose.

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1. Given Name (First Name)  
   Hans-Henrik

2. Surname (Last Name)  
   Bülow

3. Date  
   09-September-2015

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Søren Hoffmann

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Mette</td>
<td>Kristensen</td>
<td>09-September-2015</td>
</tr>
</tbody>
</table>

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

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Dr. Kristensen has nothing to disclose.

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