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 four parts.

1. **Identifying information.**
   - Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. **The work under consideration for publication.**
   - 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". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. **Relevant financial activities outside the submitted work.**
   - This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.
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Section 1. Identifying Information

1. Given Name (First Name)  Søren Tang
2. Surname (Last Name)  Knudsen
3. Effective Date (07-August-2008)  13-May-2013
4. Are you the corresponding author?  Yes ✔ No

5. Manuscript Title  Treatment of hypertension and dyslipidaemia in type 2 diabetic patients in Danish general practice

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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<td>✔</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<td>Sponsor: Boehringer Ingelheim</td>
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<tr>
<td>7. Other</td>
<td>✔</td>
<td>☐</td>
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* This means money that your institution received for your efforts on this study.

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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 submission.

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<tr>
<td>2. Consultancy</td>
<td>✔</td>
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<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td>✔</td>
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<td>13. Other (err on the side of full disclosure)</td>
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- [ ] No other relationships/conditions/circumstances that present a potential conflict of interest
- [x] Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 1. Identifying Information

1. Given Name (First Name)  
   Birtha Petrea

2. Surname (Last Name)  
   Hansen

3. Effective Date (07-August-2008)  
   13-May-2013

4. Are you the corresponding author?  
   Yes  ✗  No

   Corresponding Author’s Name  
   Søren Tang Knudsen

5. Manuscript Title  
   Treatment of hypertension and dyslipidaemia in type 2 diabetic patients in Danish general practice

6. Manuscript Identifying Number (if you know it)

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Section 1: Identifying Information

1. Given Name (First Name): Anne
2. Surname (Last Name): Lime
3. Effective Date (07-August-2008): 13-May-2013
4. Are you the corresponding author? Yes [ ] No [X]

5. Manuscript Title: Treatment of hypertension and dyslipidaemia in Type 2 diabetic patients in Danish general practice

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

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<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
</tbody>
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Relevant financial activities outside the submitted work

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<th>Entity</th>
<th>Comments</th>
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<td>5. Grants/grants pending</td>
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<td>6. Payment for lectures including service on speakers bureaus</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>11. Stock/stock options</td>
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</tr>
<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
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</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>☑</td>
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<td></td>
</tr>
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1. **Identifying information.**
   
Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. **The work under consideration for publication.**
   
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4. **Other relationships.**
   
   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Johnsen

3. Effective Date (07-August-2008)  
   17-May-2013

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   Treatment of hypertension and dyslipidaemia in type 2 diabetic patients in Danish general practice

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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

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<thead>
<tr>
<th>Type</th>
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<th>Money to Your Institution*</th>
<th>Name of Entity</th>
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<tr>
<td>1. Grant</td>
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<td></td>
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<td>2. Consulting fee or honorarium</td>
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<td>☐</td>
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<td></td>
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<tr>
<td>3. Support for travel to meetings for the study or other purposes</td>
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<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
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<td>☐</td>
<td>✔</td>
<td>Development of Database and webpage</td>
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<td>5. Payment for writing or reviewing the manuscript</td>
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<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
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<td>7. Other</td>
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### Section 3. Relevant financial activities outside the submitted work.

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<td>2. Consultancy</td>
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<td>3. Employment</td>
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<td>4. Expert testimony</td>
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<td>❌</td>
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<td>5. Grants/grants pending</td>
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<td>❌</td>
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<td>6. Payment for lectures including service on speakers bureaus</td>
<td>✔</td>
<td>❌</td>
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<td>7. Payment for manuscript preparation</td>
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<td>10. Payment for development of educational presentations</td>
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<td>✗</td>
<td>✓</td>
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<td>✗</td>
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</tr>
<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
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<td>✗</td>
<td>✓</td>
<td></td>
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<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✔</td>
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.
   
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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

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Thomas Hammershaimb  
2. Surname (Last Name)  
   Mosbech  
3. Date  
   13-June-2013  
4. Are you the corresponding author?  
   Yes  ✔  No  
   Corresponding Author’s Name  
   Søren Tang Knudsen  
5. Manuscript Title  
   Treatment of hypertension and dyslipidaemia in type 2 diabetic patients in Danish general practice  
6. Manuscript Identifying Number (if you know it)  

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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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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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Section 6. Disclosure Statement

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

Dr. Mosbech reports personal fees from Boehringer Ingelheim, during the conduct of the study;

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Else
2. Surname (Last Name) König
3. Date 13-June-2013
4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author’s Name
Søren Tang Knudsen

5. Manuscript Title
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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

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

Dr. König reports personal fees from Boehringer Ingelheim, during the conduct of the study; .

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