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.

2. The work under consideration for publication.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name)  
Aleksander  

2. Surname (Last Name)  
Krag  

3. Date  
15-November-2018  

4. Are you the corresponding author?  
☑ Yes  ☐ No  

5. Manuscript Title  
Statiner og leveren: Opdatering på gunstige effekter og bivirkninger  

6. Manuscript Identifying Number (if you know it)  
UFL-08-18-0567  

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

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

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Section 6.Disclosure Statement

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Dr. Krag has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Mie Balle
2. Surname (Last Name)  Hugger
3. Date  16-November-2018
4. Are you the corresponding author?  Yes  ✔ No

5. Manuscript Title
Statiner og leveren: Opdatering på gunstige effekter og bivirkninger

6. Manuscript Identifying Number (if you know it)
UFL-08-18-0567

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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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  ✔ No
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Dr. Hugger has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Mads  

2. Surname (Last Name)  
Israelsen  

3. Date  
16-November-2018  

4. Are you the corresponding author?  
☐ Yes  ✔ No  
  
**Corresponding Author’s Name**  
Aleksander Krag  

5. Manuscript Title  
Statiner og leveren: Opdatering på gunstige effekter og bivirkninger  

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Dr. Israelsen has nothing to disclose.

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### Section 1. Identifying Information

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

2. **Surname (Last Name)**
   - Dalby Hansen

3. **Date**
   - 16-November-2018

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Statiner og leveren: Opdatering på gunstige effekter og bivirkninger

6. **Manuscript Identifying Number (if you know it)**
   - UFL-08-18-0567

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