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.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Worud

2. Surname (Last Name)  
   Mahmoud

3. Date  
   08-October-2019

4. Are you the corresponding author?  
   Yes  ☑  No

5. Manuscript Title  
   Evaluation of telemedicine in patients suspected of acute coronary syndrome (TeleVista).

6. Manuscript Identifying Number (if you know it)

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

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Dr. Mahmoud has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Lone Due</td>
<td>Vestergaard</td>
<td>22-September-2019</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Worud Mahmoud

5. Manuscript Title
Evaluation of telemedicine in patients suspected of acute coronary syndrome (TeleVista)

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.)?

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## Section 3. Relevant financial activities outside the submitted work.

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Dr. Vestergaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   VIBEKE BROJBAARD

2. Surname (Last Name)  
   HANSEN

3. Date  
   23.05.2019

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

5. Manuscript Title  
   EVALUATION OF TELEMEDICINE IN PATIENTS SUSPECTED OF ACUTE CORONARY SYNDROME (TCEV)

6. Manuscript Identifying Number (if you know it)

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[C. B. Jones]

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Section 1.  Identifying Information

1. Given Name (First Name)  Ida Ransby
2. Surname (Last Name)  Schneider
3. Date  23-9-2019

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

5. Manuscript Title  Evaluation of telemedicine in Patients suspected of acute coronary syndrome

6. Manuscript Identifying Number (if you know it)

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[Signature]

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