ICMJE Form for Disclosure of Potential Conflicts of Interest

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)  
   Anne Lene

2. Surname (Last Name)  
   Riis

3. Date  
   14-November-2019

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

   Corresponding Author's Name  
   Stine Smedegaard

5. Manuscript Title  
   Subklinisk hyperthyroidisme og risiko for kardiovaskulær sygdom

6. Manuscript Identifying Number (if you know it)  
   UFL-07-19-0423

Section 2. The Work Under Consideration for Publication

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Dr. Riis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Morten

2. Surname (Last Name)  
Christiansen

3. Date  
30-October-2019

4. Are you the corresponding author?  
Yes  ✔  No

Corresponding Author's Name  
Stine Smedegaard

5. Manuscript Title  
Subklinisk hyperthyroidisme og risiko for udvikling af kardiovaskulær sygdom

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Are there any relevant conflicts of interest?  
Yes  ✔  No

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<table>
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<th>Name of Entity</th>
<th>Grant?</th>
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Dr. Christiansen reports personal fees from Sanofi, outside the submitted work.

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1. Given Name (First Name)  
   Stine Bech

2. Surname (Last Name)  
   Smedegaard

3. Date  
   14-November-2019

4. Are you the corresponding author?  
   ✔ Yes   No

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<tbody>
<tr>
<td>Jakob</td>
<td>Starup-Linde</td>
<td>30-October-2019</td>
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4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Behandling af subklinisk hyperthyroidisme og udviklingen af hjertekarsygdom

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