

ICMJE DISCLOSURE FORM

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Date: 22. december 2021

Your name: Leif Thuesen

Manuscript title: Differences in frequency and revascularization of ischemic heart disease in Western

Manuscript number (if known):

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Date: 5. januar 2022

Your name: Christian Juhl Terkelsen

Manuscript title: Differences in frequency and revascularization of ischemic heart disease in Western

Manuscript number (if known):

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Date: 5. januar 2022

Your name: Lisette Okkels Jensen

Manuscript title: Differences in frequency and revascularization of ischemic heart disease in Western

Manuscript number (if known):

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Date: 5. januar 2022

Your name: Ashkan Efekthari

Manuscript title: Differences in frequency and revascularization of ischemic heart disease in Western

Manuscript number (if known):

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Date: 5. januar 2022

Your name: Martin Kirk Christensen

Manuscript title: Differences in frequency and revascularization of ischemic heart disease in Western

Manuscript number (if known):

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Date: 5. januar 2022

Your name: Bjarne Linde Noergaard

Manuscript title: Differences in frequency and revascularization of ischemic heart disease in Western

Manuscript number (if known):

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Date: 5. januar 2022

Your name: Michel Maeng

Manuscript title: Differences in frequency and revascularization of ischemic heart disease in Western

Manuscript number (if known):

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Date: 5. januar 2022

Your name: Carl-Johan Jakobsen

Manuscript title: Differences in frequency and revascularization of ischemic heart disease in Western

Manuscript number (if known):

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |

| | | | |
|----|--|--|--|
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.