ICMJE DISCLOSURE FORM

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Date: 17. marts 2023			
Your name: Anders Berg Wulff			
Manuscript title: Lipids and lipoproteins – a review article			
Manuscript number (if known):			

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

Time frame: Since the initial plan	Name all entities with whom you have this relationship or indicate none (add rows as needed) ning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
1 All support for the present	⊠ None	
manuscript (e.g., funding,		
provision of study		
materials, medical writing, article processing charges,		
etc.)		
610.)		
No time limit for this		
item.		

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Time frame: past 36 months

2	Grants or contracts from	⊠ None		
	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	⊠ None		

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

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

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	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	⊠ None		

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4	Consulting fees	🗆 None	
		AstraZeneca, Sanofi,	Personal
		Regeneron, Akcea, Ionis,	
		Amgen, Kowa, Denka,	
		Amarin, Novartis, Novo	
		Nordisk, Esperion, Abott,	
		Silence Therap,	
		Ultragenyx	
		Ultrayeriyx	
5	Payment or honoraria for	□ None	
	lectures, presentations,	Kowa, Denka, Amarin	Personal
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	⊠ None	
	pending		
	perioning		
9 Participation on a Data		⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
	of Advisory Dodru		
10	Leadership or fiduciary	🖾 None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	🖾 None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests	🖾 None	

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