

Section 1. Identifying Info	rmation	
Given Name (First Name) Charlotte	Surname (Last Name) Steffensen	3. Effective Date (07-August-2008) 05-November-2012
4. Are you the corresponding author?	✓ Yes No	
S. Manuscript Title Behandling med dopamin agonister	og risiko for udvikling af hjerteklapsygdo	m hos patienter med hyperprolaktinæmi
6. Manuscript Identifying Number (if yo	u 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration	for Put	lication				1000
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1					X ADD
2. Consulting fee or honorarium	1					×
Support for travel to meetings for the study or other purposes	1					×
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					X ADD
Payment for writing or reviewing the manuscript	V					X ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	√					ADD X
Steffensen						2



The Work Under Consideration for Publication								
	Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		1					×	
							ADD	

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
Board membership	1					×			
2. Consultancy	√					ADD X			
3. Employment	/					×			
4. Expert testimony	1					X			
5. Grants/grants pending	V					X			
Payment for lectures including service on speakers bureaus	V					×			
7. Payment for manuscript preparation	V					ADD ×			

Steffensen 3

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
9. Datests (planned pending of						AD
 Patents (planned, pending or issued) 	\checkmark					AD
9. Royalties	\checkmark					×
Payment for development of educational presentations	✓					AD X
1. Stock/stock options	✓					AD ×
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	V					AD X
Other (err on the side of full disclosure)	/					AD ×
This means money that your institution For example, if you report a consultance Section 4. Other relationsh	y above			vel related to that consult	ancy on this line.	
Are there other relationships or activi- potentially influencing, what you wro				have influenced, or the	at give the appearance o	of
✓ No other relationships/conditions Yes, the following relationships/co					st	
			9	rm and, if necessary, up	果 器 U 8. 型	

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Section 1. Identifying Infor	mation	
Given Name (First Name) Merete	2. Surname (Last Name) Lund Mægbæk	Effective Date (07-August-2008)O5-November-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Charlotte Steffensen
5. Manuscript Title Behandling med dopamin agonister o	og risiko for udvikling af hje	rteklapsygdom hos patienter med hyperprolaktinæmi
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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration (for Pub	lication		966		
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	\checkmark					×
2. Consulting fee or honorarium	V					X ADD
Support for travel to meetings for the study or other purposes	V					×
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V		Ü			×
Payment for writing or reviewing the manuscript	✓					X ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	V					×
und Mænhæk						2



The Work Under Conside	eration for Pub					
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments+*	
	15.01	-				ADD
7. Other	V					×
						ADD

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	V					×			
2. Consultancy	\checkmark					X ADD			
3. Employment	√					×			
4. Expert testimony	/					×			
5. Grants/grants pending	\checkmark					×			
Payment for lectures including service on speakers bureaus	/					×			
Payment for manuscript preparation	✓					ADD X			

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
 Patents (planned, pending or issued) 	✓				
9. Royalties	/				
Payment for development of educational presentations	V				
Stock/stock options	V				
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	V				
Other (err on the side of full disclosure)	/				
This means money that your institution For example, if you report a consultance Section 4. Other relationsh	cy above	there is no	iorts. need to report tra	vel related to that consul	tancy on this line.
Are there other relationships or active potentially influencing, what you wro				have influenced, or th	at give the appearance o
✓ No other relationships/conditions Yes, the following relationships/c					st



Section 1. Identifying Infor	mation	
Given Name (First Name) Peter	Surname (Last Name) Laurberg	3. Effective Date (07-August-2008) 05-November-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Charlotte Steffensen
5. Manuscript Title Behandling med dopamin agonister o	og risiko for udvikling af hje	rteklapsygdom hos patienter med hyperprolaktinæmi
6. Manuscript Identifying Number (if you	know it)	

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication									
No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
4									
✓					AC				
V					A				
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√					AL				
	No V	No Money Paid to You	No Paid Your Institution*	No Paid Your Institution* No Paid to You Institution* Name of Entity	No Paid to Your Institution* Name of Entity Comments**				



The Work Under Consid	leration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
		70				ADD
7. Other	1					×
		Tree V	(A-7)			ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work									
	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
	1. Board membership	1					×		
	2. Consultancy	1					ADD X		
	3. Employment	√					X		
	4. Expert testimony	√					X		
	5. Grants/grants pending	/					×		
	Payment for lectures including service on speakers bureaus	V					×		
	Payment for manuscript preparation	✓					ADD		

Laurberg 3

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	e submitt	ted work		(Marine 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	1
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	V					ADI X
9. Royalties	/					ADI ADI
Payment for development of educational presentations	V					×
1. Stock/stock options	✓					ADI X
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	V					×
Other (err on the side of full disclosure)	\checkmark					ADI X
*This means money that your institution ** For example, if you report a consultance	received cy above	for your eff there is no r	forts. need to report tra	vel related to that consult	ancy on this line.	ADI
Section 4. Other relationsl	nips					30
Are there other relationships or activ potentially influencing, what you wro				have influenced, or the	at give the appearance o	f
✓ No other relationships/conditions Yes, the following relationships/c					st	
At the time of manuscript acceptance On occasion, journals may ask author						temen
Hide All Ta				SAVE		

Laurberg 4



Section 1. Identifying Inform	mation	
Given Name (First Name) Marianne	2. Surname (Last Name) Andersen	3. Effective Date (07-August-2008) 05-November-2012
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Charlotte Steffensen
5. Manuscript Title Behandling med dopamin agonister o	g risiko for udvlkling af hj	erteklapsygdom hos patienter med hyperprolaktinæmi
6. Manuscript Identifying Number (if you l	know it)	
(m) (m) (m) (m)		

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	1					×				
						ADD				
2. Consulting fee or honorarium	1					×				
						ADD				
Support for travel to meetings for the study or other purposes	\checkmark					×				
						ADD				
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×				
						ADD				
 Payment for writing or reviewing the manuscript 	\checkmark					×				
						ADD				
 Provision of writing assistance, medicines, equipment, or administrative support 	\checkmark					×				
Andersen						2				



The Work Under Consider	ration for Pub	lication				11.5
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	1					×
						ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work										
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments					
1. Board membership	1					×				
2. Consultancy	/					X ADD				
3. Employment	V					X				
4. Expert testimony	V					X				
5. Grants/grants pending	1					×				
Payment for lectures including service on speakers bureaus	V					×				
Payment for manuscript preparation	V					ADD ×				

Andersen

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^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	V				
Royalties	1				
Payment for development of educational presentations	V				
. Stock/stock options	/				
. Travel/accommodations/ meeting expenses unrelated to activities listed**	V				
Other (err on the side of full disclosure)	V				
This means money that your institution For example, if you report a consultance ection 4. Other relationsh	cy above			el related to that consulta	ncy on this line.
re there other relationships or activi otentially influencing, what you wro				nave influenced, or that	t give the appearance o
/ No other relationships/conditions	/circum	stances tha	at present a pote	ntial conflict of interest	É
Yes, the following relationships/co	ondition	s/circumst	ances are presen	t (explain below):	
		ta coll autor			date their disclosure sta

Andersen 4

Hide All Table Rows Checked 'No'

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Section 1. Identifying Infor	mation	
Given Name (First Name) Caroline	Surname (Last Name) Kistorp	3. Effective Date (07-August-2008) 05-November-2012
4. Are you the corresponding author?	☐Yes ✓ No	Corresponding Author's Name Charlotte Steffensen
5. Manuscript Title Behandling med dopamin agonister o	og risiko for udvikling af hje	rteklapsygdom hos patlenter med hyperprolaktinæmi
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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication									
No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
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\checkmark									
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The Work Under Conside	ration for Pub	dication	of the state of the	Lance of the land	
Туре	No	Money Paid to You	Name of Entity	Comments**	
					ADD
7. Other	✓				×
					ADD

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
Board membership	1					×			
2. Consultancy	✓					X ADD			
3. Employment	/					X			
4. Expert testimony	/					X			
5. Grants/grants pending	1					×			
Payment for lectures including service on speakers bureaus	/					ADD ×			
Payment for manuscript preparation	V					ADD ×			

Kistorp 3

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Patents (planned, pending or issued)	1				
Royalties	/				
Payment for development of educational presentations	1				
. Stock/stock options	1				
. Travel/accommodations/ meeting expenses unrelated to activities listed**	7				
. Other (err on the side of full disclosure)	/				
This means money that your institution for example, if you report a consultance of the co	cy above t	there is no n	eed to report travel		
re there other relationships or activi	te in the	submitted	work?		
re there other relationships or activi otentially influencing, what you wro No other relationships/conditions				tial conflict of interes	t
otentially influencing, what you wro	:/circum	stances tha	at present a poten		t

Kistorp



Section 1. Identifying Infor	mation	
Given Name (First Name) Helene	Surname (Last Name) Nørrelund	3. Effective Date (07-August-2008) 05-November-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Charlotte Steffensen
5. Manuscript Title Behandling med dopamin agonister o	og risiko for udvikling af hje	teklapsygdom hos patienter med hyperprolaktinæmi
6. Manuscript Identifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

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The Work Under Consideration	for Put	lication				
Туре	No	Money Paid to You	Money to Your Institution	Name of Entity	Comments**	
1. Grant	V					X ADD
2. Consulting fee or honorarium	\checkmark					×
Support for travel to meetings for the study or other purposes	\checkmark					×
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					X X
Payment for writing or reviewing the manuscript	V					ADD X
Provision of writing assistance, medicines, equipment, or administrative support	/					× ×
Varteland						2



The Work Un	der Cons	ideration for Pub	lication				
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
				V-1			ADD
7. Other		1					×
							ADD

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities out	side th	e submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Board membership	V					×
2. Consultancy	/					X ADD
3. Employment	V					X
4. Expert testimony	/					X
5. Grants/grants pending	/					X
Payment for lectures including service on speakers bureaus	V					×
Payment for manuscript preparation	/					ADD X

Nørrelund 3

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.

4



ICMJE Form for Disclosure of Potential Conflicts of Interest

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	V				
Royalties	V				
Payment for development of educational presentations	V				
. Stock/stock options	√				
. Travel/accommodations/ meeting expenses unrelated to activities listed**	V				
i. Other (err on the side of full disclosure)	✓				
his means money that your institution For example, if you report a consultanc				I related to that consultan	cy on this line.
ection 4. Other relationsh	ips	H-803	No. of Concession,		
e there other relationships or activit tentially influencing, what you wro				ave influenced, or that	give the appearance
No other relationships/conditions			ALTEROPHIC DISTRIBUTE		
Yes, the following relationships/co					

Nørrelund



Section 1. Identifying Info	mation	
1. Given Name (First Name) Jakob	2. Surname (Last Name) Dal	3. Effective Date (07-August-2008 05-November-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Charlotte Steffensen
5. Manuscript Title Behandling med dopamin agonister (og risiko for udvikling af hje	rteklapsygdom hos patienter med hyperprolaktinæmi

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

E	The Work Under Consideration f	or Pub	lication	THE REAL PROPERTY.	Barrette Company		
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1	. Grant	√				****	×
2	. Consulting fee or honorarium	√					X ADD
3	. Support for travel to meetings for the study or other purposes	✓					×
4	Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	V					ADD X
5	Payment for writing or reviewing the manuscript	V				<u> </u>	ADD ×
6.	Provision of writing assistance, medicines, equipment, or administrative support	✓					X ADD



The Work Under Consi	deration for Pub	olication				170
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	V					×
						ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities out	nt financial activities outside the submitted work				TO THE REAL PROPERTY.	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Board membership	V					×
2. Consultancy	V					X ADD
3. Employment	/					X
4. Expert testimony	/					X
5. Grants/grants pending	/					X
Payment for lectures including service on speakers bureaus	/					×
Payment for manuscript preparation	V					ADD ×

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8. Patents (planned, pending or issued) 9. Royalties 10. Payment for development of educational presentations 11. Stock/stock options 12. Travel/accommodations/meeting expenses unrelated to			
D. Payment for development of educational presentations Stock/stock options Travel/accommodations/			
educational presentations 1. Stock/stock options 2. Travel/accommodations/			
2. Travel/accommodations/			
activities listed**			
3. Other (err on the side of full disclosure)			
*This means money that your institution receiv **For example, if you report a consultancy abov		el related to that consu	ltancy on this line.
Section 4. Other relationships			

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



Given Name (First Name) Jens Otto	Surname (Last Name) Lunde Jørgensen	3. Effective Date (07-August-2008) 05-November-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Charlotte Steffensen
Manuscript Title Behandling med dopamin agonister	og risiko for udvikling af hj	erteklapsygdom hos patienter med hyperprolaktinæmi

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The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution ⁹	Name of Entity	Comments**	
1. Grant	V					1
2. Consulting fee or honorarium	\checkmark					
Support for travel to meetings for the study or other purposes	V					Ì
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	1					
Payment for writing or reviewing the manuscript	√					
Provision of writing assistance, medicines, equipment, or administrative support	V					
Lunde Jørgensen						



The Work Under Consider	ation for Pub	lication	v V			TO LANCE
Туре	No	Money Paid		Name of Entity	Comments**	ADD
7. Other	V					×

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	V					× ADD	
2. Consultancy	V					X	
3. Employment	V					X ADD	
4. Expert testimony	\checkmark					X	
5. Grants/grants pending	V					× ADD	
Payment for lectures including service on speakers bureaus	1					×	
Payment for manuscript preparation	V					×	

Lunde Jørgensen

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^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money	Money to	Television of the last of the		
		Paid to You	Your Institution*	Entity	Comments	ADI
Patents (planned, pending or issued)	✓					×
Royalties	✓					X
Payment for development of educational presentations	V					×
Stock/stock options	✓					ADI X
Travel/accommodations/ meeting expenses unrelated to activities listed**	/					X
Other (err on the side of full disclosure)	V					X
his means money that your institution for example, if you report a consultant ection 4. Other relations there other relationships or activatentially influencing, what you we	hips	there is no	need to report trave			
No other relationships/condition Yes, the following relationships/					st	
the time of manuscript acceptand n occasion, journals may ask autho	ce, journ	als will ask	authors to confir er information ab	m and, if necessary, up out reported relations	odate their disclosure state ships.	emen

Lunde Jørgensen