

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
 Jens Steen Nielsen 13-February-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
 DD2 – Nye veje i behandlingen af type 2 diabetes

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.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The Danish Council for Strategic Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novo Nordisk A/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrestricted grant
Danish Health and Medicines Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	donation
The Danish Diabetes Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	donation

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 publication**.

Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novo Nordisk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecturing
Sanofis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecturing

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jørgen

2. Surname (Last Name)
Rungby

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jens Steen Nielsen

5. Manuscript Title

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Dr. Rungby Has nothing to disclose

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jens

2. Surname (Last Name)

Sandahl Christiansen

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jens Steen Nielsen

5. Manuscript Title

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Dr. Sandahl Christiansen Has nothing to disclose

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Allan

2. Surname (Last Name)

Vaag

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jens Steen Nielsen

5. Manuscript Title

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Dr. Vaag Has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)
Søren

2. Surname (Last Name)
Friborg

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jens Steen Nielsen

5. Manuscript Title

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Dr. Friborg Has nothing to disclose

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Henrik

2. Surname (Last Name)
Toft Sørensen

3. Date
17-February-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title
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Dr. Toft Sørensen has nothing to disclose.

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1. Given Name (First Name)
Henning

2. Surname (Last Name)
Beck-Nielsen

3. Date

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Yes No

Corresponding Author's Name
Jens Steen Nielsen

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Dr. Beck-Nielsen Has nothing to disclose

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