



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

HAN

2. Surname (Last Name)

RIEPERINK

3. Date

27 - JAN - 2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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

### 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

### Section 4. Intellectual Property -- Patents & Copyrights

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

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### 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?

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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) 2. Surname (Last Name) 3. Date  
 Bo Feldt-Rasmussen 28-January-2014

4. Are you the corresponding author?  Yes  No Corresponding Author's Name  
Jeppe Hagstrup

5. Manuscript Title  
 Kolesterolsænkende behandling ved nedsat nyrefunktion – nye rekommandationer

6. Manuscript Identifying Number (if you know it)

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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
Clinical Trial Oxford University	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Feldt-Rasmussen reports grants from Clinical Trial Oxford University, during the conduct of the study; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
Jeppe Hagstrup

2. Surname (Last Name)  
Christensen

3. Date  
28-January-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Kolesterolsænkende behandling ved nedsat nyrefunktion - nye rekommandationer

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*John P. All*

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