

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jeppe Maagaard

2. Surname (Last Name)  
Kristiansen

3. Date

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Coronary CT angiography without significant stenosis predicts favorable 3-years prognosis

6. Manuscript Identifying Number (if you know it)

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

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Dr. Kristiansen 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) Hans-Henrik	2. Surname (Last Name) Tilsted	3. Date 14-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeppe Maagaard Kristiansen
5. Manuscript Title Coronary CT angiography without significant stenosis predicts favorable 3-years prognosis		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Dr. Tilsted has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Martin Berg

2. Surname (Last Name)  
Johansen

3. Date  
14-March-2014

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Jeppe Maagaard Kristiansen

5. Manuscript Title  
Coronary CT angiography without significant stenosis predicts favorable 3-years prognosis

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Mr. Johansen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Svend Eggert

2. Surname (Last Name)

Jensen

3. Date

14-March-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jeppe Maagaard Kristiansen

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Jensen has nothing to disclose.

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1. Given Name (First Name) Tomas	2. Surname (Last Name) Zaremba	3. Date 14-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeppe Maagaard Kristiansen
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Dr. Zaremba has nothing to disclose.

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