

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

#### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Other relationships.

Use this section to report 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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Henrik Holm	2. Surname (Last Name) Thomsen	3. Effective Date (07-August-2008) 28-February-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jimmi Sloth Olsen
5. Manuscript Title Amiodaron og thyroidea		
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...)?

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.**

#### The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X





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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD X ADD

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### 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X



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Relevant financial activities outside the submitted work						
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8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
						ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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 Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

SAVE

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# ICMJJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) Jimmi      2. Surname (Last Name) Sloth Olsen      3. Effective Date (07-August-2008) 13-March-2013

4. Are you the corresponding author?     Yes     No

5. Manuscript Title Amiodaron og thyroidea

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_

## Section 2. The Work Under Consideration for Publication

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
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						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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						ADD
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						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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### Section 1. Identifying Information

1. Given Name (First Name) **ALLAN**      2. Surname (Last Name) **CARLE**      3. Effective Date (07-August-2008) **13/3-13**
4. Are you the corresponding author?     Yes     No
5. Manuscript Title **AMIODARONE OR THYROIDEX**
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...)?

Complete each row by checking "No" or providing the requested information. If you checked "No" in any of the boxes, please do not provide the requested information.

#### The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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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
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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**ICMJE** INTERNATIONAL COMMITTEE *of*  
MEDICAL JOURNAL EDITORS

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# Forfatterskabserklæring • Ugeskrift for Læger

Forfatterskabserklæringen indeholder også de obligatoriske forfatteroplysninger. Det er derfor vigtigt, at alle oplysninger skrives direkte ind i formularen – hvorefter den kan printes ud og underskrives.

Manuskriptets titel: Amiodarone og thyroidea

UFL-nr. – (hvis kendt):

Artikeltipe.:

Status artikel

Hermed erklæres og indestås for,

- at det i manuskriptet præsenterede arbejde ikke, hverken helt eller delvist, er publiceret andetsteds, og at det ikke for tiden vurderes i anden tidsskrifts-redaktion,
- at der ikke foreligger ophavsretlige problemer i forbindelse med publikation af manuskriptet og at der er indhentet nødvendige copyrighttilladelser til illustrationer, figurer og fotos inkl. evt. personer på billedet,
- at nødvendige tilladelser til benyttelse af patient-oplysninger, laboratoriedata, billeddiagnostiske og patologiske undersøgelser osv. foreligger,
- at manuskriptet, såfremt det udgår fra en institution eller afdeling, er accepteret til fremsendelse i den foreliggende form af den ansvarlige på institutionen eller afdelingen,
- at personer og institutioner, der er nævnt i taksigel-sesafsnittet, har accepteret dette
- at det i manuskriptet præsenterede arbejde, indtil det publiceres i Ugeskriftet, på [www.ugeskriftet.dk](http://www.ugeskriftet.dk) eller afvises, ikke vil blive publiceret andetsteds, herunder i nyhedsmedier, uden forudgående aftale med redaktionen,
- at alle forfattere opfylder kriterierne for forfatterskab, jf. Vancouverreglerne, dvs. de har bidraget væsentligt til alle tre kriterier: væsentlige bidrag til idé og design, dataindsamling, eller analyse og fortolkning af data; manuskriptudarbejdelse eller kritisk, indholds-mæssig manuskriptrevision; godkendelse af det endelige manuskript. Forfattere skal opfylde alle tre kriterier,
- at såfremt Ugeskrift for Læger publicerer det indsendte materiale, overfører vi hermed al copyright til Ugeskrift for Læger. Dette gælder ved publikation i enhver form og i ethvert medie, inklusiv nye digitale platforme,
- at bilaget "ICMJE Form for Disclosure of Potential Conflicts of Interest" er udfyldt og indsendt sammen med "Forfatterskabserklæring"

Korrespondanceansvarlig forfatter:

Navn: Jimmi Sloth Olsen


Adresse: Hospitalsenhed Midt • Regionshospital Viborg  
Helbergs Allé 4  
8800 Viborg

Telefon i dagtimerne: 29428011

E-mail: [elposki@hotmail.com](mailto:elposki@hotmail.com)

Et forfatterskab forudsætter væsentlige bidrag til alle tre kriterier for forfatterskab jf. Vancouverreglerne nævnt ovenfor. Dette gælder også alle dem, der i multicenterstudier fremstår som forfattere. Alle andre, der har bidraget til arbejdet, og som ikke er medforfattere, skal nævnes under Taksigelser og det skal beskrives, hvad de har bidraget med. Taksigelser kan tilføjes på side 2 af dette dokument.

Manuskriptets forfattere (alle felter for hver forfatter skal udfyldes)

Navn	Institution / afdeling	Underskrift
Henrik Holm Thomsen	Aarhus Sygehus, Aarhus Universitetshospital/Medicinsk endokrinologisk afdeling	
Allan Carlé	Aalborg Universitetshospital/Medicinsk Endokrinologisk Afdeling	



