

ICMJE Form for Disclosure of Potential Conflicts of Interest

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 six parts.

1. Identifying information.

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".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gorm	2. Surname (Last Name) Mørk Hansen	3. Date 23-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter Riis Hansen
5. Manuscript Title Marginal Parodontitis og Iskæmisk Hjertesygdom		
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.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Modtage legater fra offentlige og private fonde til PhD-forløb.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emnet omtalt i nærværende statusartikel er ligeledes omdrejningspunktet i undertegnets PhD-forløb. Som PhD-studerende har undertegnet modtaget/fået tilsagn om lønmidler fra: Københavns Universitet: 720.000 kr Kardiologisk Afd. Gentofte Hosp.: 137.000 kr Arvid Nilssons Fond: 321.000 kr Endvidere er der givet støtte til drift og apparatur fra: Bønnelykkefonden: 25.000 kr. Helge Peetz og Verner Peetz [...] Fond 50.000 kr. P.A. Messerschmidt og Hustrus Fond: 50.000 kr.

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 6. Disclosure Statement

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Dr. Mørk Hansen reports grants from null, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Peter Riis

2. Surname (Last Name)
Hansen

3. Date
23-January-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Marginal parodontitis og iskæmisk hjertesygdom

6. Manuscript Identifying Number (if you know it)

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Dr. Hansen has nothing to disclose.

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1. Given Name (First Name) Palle	2. Surname (Last Name) Holmstrup	3. Date 23-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter Riis Hansen
5. Manuscript Title Marginal Parodontitis og Iskæmisk Hjertesygdom		
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Dr. Holmstrup 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) Tim	2. Surname (Last Name) Tolker-Nielsen	3. Date 17-January-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Marginal parodontitis og iskæmisk hjertesygdom		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Tim Tolker-Nielsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Givskov

3. Date
24-January-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Marginal parodontitis og iskæmisk hjertesygdom

6. Manuscript Identifying Number (if you know it)

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)

Claus Henrik

2. Surname (Last Name)

Nielsen

3. Date

23-January-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Peter Riis Hansen

5. Manuscript Title

Marginal Parodontitis og Iskæmisk Hjertesygdom

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

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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.

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Dr. Nielsen has nothing to disclose.

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