

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.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anders Krogh

2. Surname (Last Name)
Brøndberg

3. Date
28-April-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Ventrikulær arytmia hos barn diagnosticeret med Andersen-Tawil syndrom

6. Manuscript Identifying Number (if you know it)
UFL-02-15-0152

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

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Brøndberg has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jesper Vandborg	2. Surname (Last Name) Bjerre	3. Date 05-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anders Krogh Brøndberg
5. Manuscript Title Ventrikulær arytmia hos barn diagnosticeret med Andersen-Tawil syndrom		
6. Manuscript Identifying Number (if you know it) UFL-04-15-0366		

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bjerre has nothing to disclose.

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1. Given Name (First Name) Jens Cosedis

2. Surname (Last Name) Nielsen

3. Date 05-May-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name Anders Krogh Brøndberg

5. Manuscript Title Ventrikulær arythmi hos barn diagnosticeret med Andersen-Tawil syndrom

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biosense Webster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant for the MANTRA-PAF trial
Biotronik	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers fee
Biosense Webster	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers fee
Boston Scientific	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultants honoraria

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Dr. Nielsen reports grants from Biosense Webster, personal fees from Biotronik, personal fees from Biosense Webster, personal fees from Boston Scientific, outside the submitted work; .

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1. Given Name (First Name) Henrik Kjærulf	2. Surname (Last Name) Jensen	3. Date 05-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anders Krogh Brøndberg
5. Manuscript Title Ventrikulær arytmia hos barn diagnosticeret med Andersen-Tawil syndrom		
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Dr. Jensen has nothing to disclose.

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