

Section 1. Identifying Inform	nation	
Given Name (First Name) Jens	2. Surname (Last Name) Pedersen	3. Date 07-April-2016
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Statin-relateret myopati: lægemiddelir	nteraktion eller autoimmunitet?	
6. Manuscript Identifying Number (if you k UFL-12-15-1003	know it)	
Section 2. The Week Under C		
The Work Under C	Consideration for Publication	
	g but not limited to grants, data monito	rty (government, commercial, private foundation, etc.) for ring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the submitte	ed work.
of compensation) with entities as desc	ribed in the instructions. Use one lin eport relationships that were presen	have financial relationships (regardless of amount e for each entity; add as many lines as you need by t during the 36 months prior to publication.
Section 4. Intellectual Prope	erty Patents & Copyrights	
Do you have any patents, whether plan	nned, pending or issued, broadly rele	evant to the work? Yes V No



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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
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. Pedersen has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Section 1. Identifying Inform	nation	
Given Name (First Name) Magnus	2. Surname (Last Name) Lydolph	3. Date 07-April-2016
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Jens Kristian Pedersen
5. Manuscript Title Statin-relateret myopati: lægemiddelin	teraktion eller autoimmur	nitet?
6. Manuscript Identifying Number (if you kn UFL-12-15-1003	now it)	
Section 2. The Work Under C		
Did you or your institution at any time rece	onsideration for Publi live payment or services from	a third party (government, commercial, private foundation, etc.) for
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter-		ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr	ibed in the instructions. U	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of interes		te present during the 30 months prior to publication.
Section 4. Intellectual Proper		
Intellectual Proper	rty Patents & Copyri	
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes √ No



Relationships not covered above
elationships or activities that readers could perceive to have influenced, or that give the appearance of noting, what you wrote in the submitted work?
wing relationships/conditions/circumstances are present (explain below):
tionships/conditions/circumstances that present a potential conflict of interest
nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Disclosure Statement
ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
nothing to disclose.
u lylla

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Section 1. Identifying Inform	ation	
Given Name (First Name) Finn	2. Surname (Last Name) Somnier	3. Date 07-April-2016
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Jens K. Pedersen
5. Manuscript Title Statin-relateret myopati: lægemiddelint	teraktion eller autoimmun	itet?
6. Manuscript Identifying Number (if you kn UFL-12-15-1003	now it)	
Section 2. The Work Under Co	onsideration for Public	cation
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
Place a check in the appropriate boxes i of compensation) with entities as descri	n the table to indicate wh ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Proper	ty Patents & Copyrig	ghts
Do you have any patents, whether plan		



Section 5.	Relationships not covered above
	lationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ring relationships/conditions/circumstances are present (explain below):
✓ No other relati	onships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements hals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the above below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Somnier has n	othing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



Given Name (First Name) Peter	2. Surname (Last Name) Junker	3. Date 07-April-2016
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Jens Kristian Pedersen
5. Manuscript Title Statin-relateret myopati: lægemidde	elinteraktion eller autoimmur	nitet?
Manuscript Identifying Number (if you UFL-12-15-1003	u know it)	
Section 2. The Work Under	r Consideration for Publi	cation
Did you or your institution at any time re any aspect of the submitted work (include statistical analysis, etc.)? Are there any relevant conflicts of interests	ding but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financi	ial activities outside the	submitted work.
Place a check in the appropriate box	es in the table to indicate wh scribed in the instructions. U	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.
Place a check in the appropriate box	es in the table to indicate wh scribed in the instructions. U report relationships that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by
Place a check in the appropriate box of compensation) with entities as declicking the "Add +" box. You should Are there any relevant conflicts of integral to the conflict to	es in the table to indicate wh scribed in the instructions. U report relationships that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Place a check in the appropriate box of compensation) with entities as declicking the "Add +" box. You should Are there any relevant conflicts of integral to the conflict to	es in the table to indicate wh scribed in the instructions. U report relationships that we terest? Yes No	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.



Evaluation and Feedback

Junker

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abbelow.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Junker has n	othing to disclose.

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

3