



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. 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: lægemiddelinteraktion eller autoimmunitet?

6. Manuscript Identifying Number (if you know it)

UFL-12-15-1003

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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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 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?

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- 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

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Dr. Pedersen has nothing to disclose.

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Section 1. Identifying Information

1. 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
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Dr. Lydolph has nothing to disclose.

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1. 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

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Dr. Somnier has nothing to disclose.

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1. 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

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Junker



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