

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.

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Meyhoff 1



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Section 1.	Identifying Inform	ation			
1. Given Name (Fi Christian	Given Name (First Name) 2. Surname (Last Meyhoff				3. Date 22-February-2016
4. Are you the cor	responding author?	✓ Yes No)		
5. Manuscript Title Praktisk håndter	e ing af troponinscreenin	g ved ikkekardiel	kirurgi		
6. Manuscript Ider UFL-11-15-0908	ntifying Number (if you kno	ow it)			
Section 2.					
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of compensation clicking the "Add) with entities as descril	oed in the instruct ort relationships t	ions. Use one line fo	or each en	atity; add as many lines as you need by 2 36 months prior to publication.

Meyhoff 2



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Section 4. Intellectual Property Patents & Copyrights
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4. Are you the corresponding author?		Yes ✓ No		· ·	Corresponding Author's Name Christian S. Meyhoff		
5. Manuscript Title Praktisk håndter	e ing af troponinscreenin	g ved ikke	ekardiel kiri	urgi			
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Halle 1



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4. Are you the corresponding author?			Correspond Christian N	_	or's Name
5. Manuscript Title Praktisk håndtering af troponinscreening	g ved ikke	ekardiel kiru	urgi		
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Pedersen 1



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1. Given Name (First Name) Søren	e) 2. Surname (Last Name) Pedersen		ne)	3. Date 24-February-2016		
4. Are you the corresponding author?		-	Corresponding Author's Name Christian Meyhoff			
5. Manuscript Title Praktisk håndtering af troponinscreenin	g ved ikke	ekardiel kiru	urgi			
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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.

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

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Section 1.	Identifying Inform	ation			
1. Given Name (First	t Name)	2. Surname (Last Name) Taskiran	3. Date 26-July-2016		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Christian Sahlholt Meyhoff		
5. Manuscript Title Praktisk håndterin	ng af troponinscreenin	ig ved ikke-kardiel kirurgi			
6. Manuscript Ident	ifying Number (if you kn	ow it)			
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Dr. Taskiran has nothing to disclose.

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Section 1. Identifying Inform	ation					
1. Given Name (First Name) Ismail	2. Surname (Last Name) Gögenur		ne)	3. Date 25-February-2016		
4. Are you the corresponding author?	☐ Yes ✓ No		-	Corresponding Author's Name Christian S. Meyhoff		
5. Manuscript Title Praktisk håndtering af troponinscreenin	g ved ikke	ekardiel kiru	urgi			
6. Manuscript Identifying Number (if you kn UFL-11-15-0908	ow it)					
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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 If yes, please fill out the appropriate info	but not lim	nited to gran	its, data monitoring	board, sto	udy design, manuscript preparation,	
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opulation Health Research Institute (PHRI), cMaster University Hospital, Canada	V				We participate in the MANAGE trial, that is initiated, sponsored, and conducted by PHRI. We receive funding from PHRI to conduct the trial. PHRI has received an unrestricted grant from Boehringer Ingelheim to conduct the MANAGE trial. PHRI also sponsored the POISE-2 trial, in which Herlev and Vejle Hospital participated. That trial also involved troponin screening.	
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Dr. Gögenur reports grants from Population Health Research Institute (PHRI), McMaster University Hospital, Canada, during the conduct of the study; .

Evaluation and Feedback

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