

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.

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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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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)

Jesper

2. Surname (Last Name)

Kjærgaard

3. Date

11-April-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Ekstrakorporal cirkulationsstøtte til patienter med refraktært hjertestop uden for hospital

6. Manuscript Identifying Number (if you know it)

Manuscript ID UFL-12-16-0879

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.)?

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Section 6. Disclosure Statement

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Dr. Kjærsgaard 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) Laust	2. Surname (Last Name) Obling	3. Date 12-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jesper Kjærgaard
5. Manuscript Title Ekstrakorporal cirkulationsstøtte til patienter med refraktært hjertestop uden for hospital		
6. Manuscript Identifying Number (if you know it) Manuscript ID UFL-12-16-0879		

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Dr. Obling has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sebastian

2. Surname (Last Name)
Wiberg

3. Date
12-April-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jesper Kjaergaard

5. Manuscript Title

Ekstrakorporal cirkulationsstøtte til patienter med refraktært hjertestop uden for hospital

6. Manuscript Identifying Number (if you know it)

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Dr. Wiberg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jacob Eifer	2. Surname (Last Name) Møller	3. Date 12-April-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jesper Kjærgaard
5. Manuscript Title Ekstrakorporal cirkulationsstøtte til patienter med refraktært hjertestop uden for hospital		
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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
Abiomed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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Dr. Møller reports grants from Abiomed, outside the submitted work; .

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Christian

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Hassager

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12-April-2017

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Yes No

Corresponding Author's Name
Jesper Kjærgaard

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Dr. Hassager has nothing to disclose.

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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)
christian juhl

2. Surname (Last Name)
terkelsen

3. Date
12-April-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jesper Kjærgaard

5. Manuscript Title

Ekstrakorporal cirkulationsstøtte til patienter med refraktært hjertestop uden for hospital

6. Manuscript Identifying Number (if you know it)

Manuscript ID UFL-12-16-0879

Section 2. The Work Under Consideration for Publication

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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 6. Disclosure Statement

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Dr. terkelsen 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) Lene	2. Surname (Last Name) Holmvang	3. Date 20-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jesper Kjærgaard
5. Manuscript Title Ekstrakorporal cirkulationsstøtte til patienter med refraktært hjertestop		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Holmvang has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jens

2. Surname (Last Name)

Aarøe

3. Date

28-April-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jesper Kjærgaard

5. Manuscript Title

Ekstrakorporal cirkulationsstøtte til patienter med refraktært hjertestop uden for hospital

6. Manuscript Identifying Number (if you know it)

Manuscript ID UFL-12-16-0879

Section 2. The Work Under Consideration for Publication

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Dr. Aarøe has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Hasse

2. Surname (Last Name)
Møller-Sørensen

3. Date
20-April-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jesper Kjærgaard

5. Manuscript Title
Ekstrakorporal cirkulationsstøtte til patienter med refraktært hjertestop uden for hospital

6. Manuscript Identifying Number (if you know it)
Manuscript ID UFL-12-16-0879

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Møller-Sørensen has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jesper

2. Surname (Last Name)

Fjølner

3. Date

12-April-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jesper Kjærgaard

5. Manuscript Title

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Dr. Fjølner 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)
Søren Steemann

2. Surname (Last Name)
Rudolph

3. Date
20-April-2017

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Corresponding Author's Name
Jesper Kjærgaard

5. Manuscript Title
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