



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Astrid Juhl

2. Surname (Last Name)

Terkelsen

3. Date

11-December-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Neurogen autonom dysfunktion ved primær amyloidose

6. Manuscript Identifying Number (if you know it)

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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.

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Hansen	3. Date 04-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Astrid Juhl Terkelsen
5. Manuscript Title Neurogen autonom dysfunktion ved primær amyloidose		
6. Manuscript Identifying Number (if you know it)		

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Dr. Hansen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Anja
2. Surname (Last Name)
Klostergaard
3. Date
05-December-2017
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Astrid Juhl Terkelsen
5. Manuscript Title
Neurogen autonom dysfunktion ved primær amyloidose
6. Manuscript Identifying Number (if you know it)

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Dr. Klostergaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Marit

2. Surname (Last Name)

Otto

3. Date

05-December-2017

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Astrid Juhl Terkelsen

5. Manuscript Title

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Dr. Otto has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Henning

2. Surname (Last Name)
Mølgaard

3. Date
05-December-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Astrid Juhl Terkelsen

5. Manuscript Title
Neurogen autonom dysfunktion ved primær amyloidose

6. Manuscript Identifying Number (if you know it)

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Dr. Mølgaard 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)
Christian Lodberg

2. Surname (Last Name)
Hvas

3. Date
04-December-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Astrid Juhl Terkelsen

5. Manuscript Title
Neurogen autonom dysfunktion ved primær amyloidose

6. Manuscript Identifying Number (if you know it)

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Dr. Hvas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Klaus

2. Surname (Last Name)

Krogh

3. Date

05-December-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Astrid Juhl Terkelsen

5. Manuscript Title

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Dr. Krogh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Hans Jørgen
2. Surname (Last Name)
Kirkeby
3. Date
04-December-2017
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Astrid Juhl Terkelsen
5. Manuscript Title
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Dr. Kirkeby has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Line Bille	2. Surname (Last Name) Madsen	3. Date 05-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Astrid Juhl Terkelsen
5. Manuscript Title Neurogen autonom dysfunktion ved primær amyloidose		
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Dr. Madsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Henning

2. Surname (Last Name)
Andersen

3. Date
04-December-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Astrid Juhl Terkelsen

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Dr. Andersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Troels Staehelin	2. Surname (Last Name) Jensen	3. Date 11-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Astrid Juhl Terkelsen
5. Manuscript Title Neurogen autonom dysfunktion ved primær amyloidose		
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Dr. Jensen has nothing to disclose.

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