

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Instructions

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### 1. Identifying information.

### 2. The work under consideration for publication.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ann

2. Surname (Last Name)  
Banke

3. Date  
16-March-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Håndtering af hjertekomplikationer sekundært til medicinsk kræftbehandling

6. Manuscript Identifying Number (if you know it)  
UFL-01-17-0035

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Banke 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) Anne	2. Surname (Last Name) Polk	3. Date 17-March-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ann Bøcher Secher Banke
5. Manuscript Title Håndtering af hjertekomplikationer sekundært til medicinsk kræftbehandling		
6. Manuscript Identifying Number (if you know it) UFL-01-17-0035		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Polk 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)

Dorte Lisbet

2. Surname (Last Name)

Nielsen

3. Date

17-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ann Bøcher Secher Banke

5. Manuscript Title

Håndtering af hjertekomplikationer sekundært til medicinsk kræftbehandling

6. Manuscript Identifying Number (if you know it)

UFL-01-17-0035

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ulrik

2. Surname (Last Name)

Overgaard

3. Date

17-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ann Banke

5. Manuscript Title

Håndtering af hjertekomplikationer sekundært til medicinsk kræftbehandling

6. Manuscript Identifying Number (if you know it)

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Dr. Overgaard has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Lars	2. Surname (Last Name) Videbæk	3. Date 23-March-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ann Banke
5. Manuscript Title Håndtering af hjertekomplikationer sekundært til medicinsk kræftbehandling		
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Dr. Videbæk has nothing to disclose.

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1. Given Name (First Name)

Merete

2. Surname (Last Name)

Vaage-Nilsen

3. Date

31-March-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Ann Banke

5. Manuscript Title

Håndtering af hjertekomplikationer sekundært til medicinsk kræftbehandling

6. Manuscript Identifying Number (if you know it)

ULF-01-17-0035

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Vaage-Nilsen has nothing to disclose.

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1. Given Name (First Name) Emil	2. Surname (Last Name) Fosbøl	3. Date 17-March-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ann Banke
5. Manuscript Title Håndtering af hjertekomplikationer sekundært til medicinsk kræftbehandling		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Fosbøl has nothing to disclose.

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1. Given Name (First Name) Kirsten Melgaard	2. Surname (Last Name) Nielsen	3. Date
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ann Banke
5. Manuscript Title Håndtering af hjertekomplikationer sekundært til medicinsk kræftbehandling		
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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ann Banke
5. Manuscript Title Kardiotoxicitet		
6. Manuscript Identifying Number (if you know it) 		

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