

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Linda	2. Surname (Last Name) Rasmussen	3. Date 25-March-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carl-Johan Jakobsen
5. Manuscript Title Quality assurance of the Western Denmark Heart Registry, a population-based health care database		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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Dr. Rasmussen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Hans Erik

2. Surname (Last Name)

Bøtker

3. Date

08-March-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Carl-Johan Jakobsen

5. Manuscript Title

Western Denmark Heart Registry quality assurance, a population-based health care database

6. Manuscript Identifying Number (if you know it)

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Dr. Bøtker has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lisette Okkels

2. Surname (Last Name)

Jensen

3. Date

20-March-2017

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Carl-Johan Jakobsen

5. Manuscript Title

Western Denmark Heart Registry quality assurance, a population-based health care database

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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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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Dr. Jensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jan

2. Surname (Last Name)

Ravkilde

3. Date

14-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Carl-Johan Jakobsen

5. Manuscript Title

Western Denmark Heart Registry quality assurance, a population-based health care database

6. Manuscript Identifying Number (if you know it)

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Dr. Ravkilde has nothing to disclose.

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Section 1. Identifying Information

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Lars

2. Surname (Last Name)

Riber

3. Date

21-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Carl-Johan Jakobsen

5. Manuscript Title

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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) Per Hostrup	2. Surname (Last Name) Nielsen	3. Date 24-March-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carl-Johan Jakobsen
5. Manuscript Title Western Denmark Heart Registry quality assurance, a population-based health care database		
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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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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Dr. Nielsen has nothing to disclose.

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1. Identifying information.

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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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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jan Jesper	2. Surname (Last Name) Andreasen	3. Date 14-March-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carl-Johan Jakobsen
5. Manuscript Title Western Denmark Heart Registry quality assurance, a population-based health care database		
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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Carl-Johan

2. Surname (Last Name)

Jakobsen

3. Date

24-March-2017

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Western Denmark Heart Registry quality assurance, a population-based health care database

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

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