

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Christoffer

2. Surname (Last Name)
Vissing

3. Date
19-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Peter Weeke

5. Manuscript Title
Precision Cardiology

6. Manuscript Identifying Number (if you know it)
07-18-0484

Section 2. The Work Under Consideration for Publication

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Dr. Vissing has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Amalie Dahl

2. Surname (Last Name)
Haue

3. Date
09-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Peter Ejvin Weeke

5. Manuscript Title
Precision Cardiology

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name) Jacob	2. Surname (Last Name) Tfelt-Hansen	3. Date 14-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter Weeke
5. Manuscript Title Præcisionskardiologi		
6. Manuscript Identifying Number (if you know it) UFL-07-18-0484		

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Dr. Tfelt-Hansen has nothing to disclose.

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1. Given Name (First Name)
Peter

2. Surname (Last Name)
Weeke

3. Date
14-August-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Præcisionskardiologi

6. Manuscript Identifying Number (if you know it)
UFL-07-18-0484

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1. Given Name (First Name) Søren 2. Surname (Last Name) Brunak 3. Date 15-July-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Peter Ejvin Weeke <peter.ejvin.weeke@regionh.dk>

5. Manuscript Title
Precision Cardiology

6. Manuscript Identifying Number (if you know it)
UFL nr.: 07-18-0484

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Intomics A/S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Membership of Board of Directors
Proscion A/S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Membership of Board of Directors

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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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Section 1. Identifying Information

1. Given Name (First Name)
Henning

2. Surname (Last Name)
Bundgaard

3. Date
15-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Peter Ejvin Weeke

5. Manuscript Title
Precision Cardiology

6. Manuscript Identifying Number (if you know it)
07-18-0484

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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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