

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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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)  
Sarah Bach

2. Surname (Last Name)  
Munkholm

3. Date  
02-November-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The diagnosis postoperative atrial fibrillation in the Western Denmark Heart Registry is valid

6. Manuscript Identifying Number (if you know it)

### 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

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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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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Munkholm 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) Jan Jesper      2. Surname (Last Name) Andreasen      3. Date 12-February-2015

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Sarah Bach Munkholm

5. Manuscript Title  
The diagnosis postoperative atrial fibrillation in the Western Danish Heart Registry is valid

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Strategisk forskningsråd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Part of a major grant

## 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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Dr. Andreasen reports grants from Strategisk forskningsråd, during the conduct of the study; .

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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 11-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sarah Munkholm
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Dr Jakobsen 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) Poul Erik	2. Surname (Last Name) Mortensen	3. Date 11-February-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sarah Munkholm
5. Manuscript Title The diagnosis postoperative atrial fibrillation in the Western Denmark Heart Registry is valid		
6. Manuscript Identifying Number (if you know it)		

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Dr. Mortensen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Søren	2. Surname (Last Name) Lundbye-Christensen	3. Date 02-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sarah Munkholm
5. Manuscript Title The diagnosis of postoperative atrial fibrillation in the western Denmark Heart Registry is valid		
6. Manuscript Identifying Number (if you know it)		

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Dr. Lundbye-Christensen has nothing to disclose.

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