

INSTRUCTIONS:

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1. Identifying information.

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2. The work under consideration for publication.

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5. Nonfinancial associations.

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Meegaard 1



Section 1. Identifying Information.

(in alphabetical order)

Board membership

Consultancy

Employment

(or first)	Peter		(or last)	Meegaard		Effective Date:		
Are you the	e correspond	ling author:	Yes 🛛 N	Vo		Format exam	ple: 07-August-	2008
Correspondin	g author's r	name: Ant	ton Pottegård					
Manuscript T	itle: Causes	of excessiv	re anticoagulatior	n during treat	ment with warfarin or	phenprocoumon		
Manuscript Io	lentifying N	Number (if	You know it):					
Did you or you	r institution	at any time	receive payment	or support is	nder consideration kind for any aspect reparation, statistical a	of the submitted w		out not
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
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Payment for manuscript preparation	\boxtimes					Del ×
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Patents (planned, pending or issued)	\boxtimes					Del ×
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Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
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Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Meegaard 3



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Meegaard 4



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Holck 1



Section 1. Identifying Information.

Board membership

Consultancy

Employment

Given Name: (or first)	Line		Surname: (or last)	Holck	Eí	fective Date:	27-August-201	1
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
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Gifts	\boxtimes					Del ×
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Payment for manuscript preparation	\boxtimes					Del ×
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Payment for development of educational presentations including service on speakers' bureaus						Del×
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Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +

Holck 3



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Holck



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Surname:

Section 1. Identifying Information.

Given Name:

(or first)	Anton		(or la	Pottegård	d	Effective Date: 27 Adgust 2	2011
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Employment		\boxtimes					Del ×
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Gifts	\boxtimes					Del ×
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Grants/grants pending	\boxtimes					Del ×
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Honoraria	\boxtimes					Del ×
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Payment for manuscript preparation	\boxtimes					Del ×
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Patents (planned, pending or issued)	\boxtimes					Del ×
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Royalties	\boxtimes					Del ×
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Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
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Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Section 1. Identifying Information.

(in alphabetical order)

Given Name: (or first)	Hanne		Surname: (or last)	Madsen		Effective Date:	27-August-201	1
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Board membership Del × \boxtimes Add + Consultancy \times Del × Add + **Employment** XDel × Add +

institution

You

Entity

2



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del×
						Add +
Gifts	\boxtimes					Del ×
						Add +
Grants/grants pending	\boxtimes					Del ×
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Honoraria						Del ×
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Effective Date: 27-August-2011

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Surname:

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Given Name:

Consultancy

Employment

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Are you the	e correspond	ling autho	or? Yes	⊠ No		Format example: 07-Augus	t-2008
Correspondin	g author's n	name: A	nton Pottegå	rd			
Manuscript T	itle: Causes	of excess	sive anticoagu	ulation during tr	eatment with warfarin or phe	nprocoumon	
Manuscript Ic	lentifying N	Number ((if you know	ti):			
Section 2. Infe	ormation a	about t	he support	of the work	under consideration f	or publication.	
		-	1 ,	1.1	rt in kind for any aspect of the preparation, statistical analy	` `	; but not
⊠ No							
☐ Yes, spe	ecify nature of	of compe	ensation				
Section 3. Info	ormation a	about r	elevant fin	ancial relati	ionships outside the su	ıbmitted work.	
	11 1				ether you have financial relati	1 (0	
. ,	•				ne submitted work. Use one li al information that you think	•	•
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					readers may want to know al		
you for not disc	closing (for e	xample, l	ong-term fin	ancial relationsl	nips that are now ended).		
If you have mo	ore than one	relations	hip, click "Ac	ld +" to add a r	ow. Click "Del ×" to delete	an extra row.	
Type of Rela (in alphabetic		No	Money Paid to You	Money to Your institution	Entity	Comments	
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
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Gifts	\boxtimes					Del ×
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Grants/grants pending				Nycomed	In all three grant given for specific research projects.	Del ×
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Payment for manuscript preparation	\boxtimes					Del ×
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Patents (planned, pending or issued)	\boxtimes					Del ×
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Royalties	\boxtimes					Del ×
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Payment for development of educational presentations including service on speakers' bureaus				Nycomed	Fee for teaching	Del ×
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Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +



Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the
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