

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

#### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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

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". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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#### 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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## Section 1. Identifying Information

1. Given Name (First Name) Andreas      2. Surname (Last Name) Fløe      3. Effective Date (07-August-2008) 04-September-2013

4. Are you the corresponding author?       Yes       No

5. Manuscript Title  
Genotype-based reference intervals: Improving the yield of s-ACE in sarcoidosis? A systematic review

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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

### The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
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\* This means money that your institution received for your efforts on this study.  
 \*\* Use this section to provide any needed explanation.

## 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 submission.

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### Relevant financial activities outside the submitted work

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Danmarks Lungeforenings Fond: bevilling kr. 175.000 til opstart af PhD-projekt .		<input checked="" type="checkbox"/>
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel+acommodation +registration fee for ERS congress 2013, from Norpharma		<input checked="" type="checkbox"/>
						ADD

\* This means money that your institution received for your efforts.

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

### Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Show All Table Rows

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### Evaluation and Feedback

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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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**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) Hans Jürgen	2. Surname (Last Name) Hoffmann	3. Date 18-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andreas Fløe
5. Manuscript Title Genotype based reference values for s-ACE for diagnosing sarcoidosis		
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

### Section 3. Relevant financial activities outside the submitted work.

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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. Hoffmann 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)  
Holger Jon

2. Surname (Last Name)  
Møller

3. Date  
14-June-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ole Hildberg

5. Manuscript Title  
Genotype-specifikke referenceintervaller for s-ACE i diagnostik af sarkoidose

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

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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. Møller 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) Ole	2. Surname (Last Name) Hilberg	3. Date 17-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andreas Fløe
5. Manuscript Title Genotype-specifikke referenceintervaller for s-ACE i diagnostik af sarkoidose		
6. Manuscript Identifying Number (if you know it)		

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Peter H.

2. Surname (Last Name)  
Nissen

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17-June-2013

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Yes  No

Corresponding Author's Name  
Andreas Fløe

5. Manuscript Title  
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