

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ali Imad

2. Surname (Last Name)

El-Akkawi

3. Date

03-March-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Udtagnig af vener til koronar bypass kirurgi

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.

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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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?

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

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.

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. El-Akkawi has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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Section 1. Identifying Information

1. Given Name (First Name) Christian Joost Holdflod	2. Surname (Last Name) Møller	3. Date
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ali Imad El-Akkawi
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) UFL-03-18-0175		

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Dr. Møller has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Peter Skov	2. Surname (Last Name) Olsen	3. Date
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ali Imad El-Akkawi
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) UFL-03-18-0175		

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Dr. Olsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Christian Lildal
2. Surname (Last Name)
Carranza
3. Date
16-March-2018
4. Are you the corresponding author? ☐ Yes ☒ No
Corresponding Author's Name
Ali Imad El-Akkawi
5. Manuscript Title
Udtagning af vener til koronar bypass kirurgi
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic: Clinical advisory board on EVH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	March 2016

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Dr. Carranza reports personal fees from Medtronic: Clinical advisory board on EVH, from null, from null, from null, outside the submitted work; .

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