

ICMJE Form for Disclosure of Potential Conflicts of Interest

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 six parts.

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2. The work under consideration for publication.

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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)
Berit

2. Surname (Last Name)
Hedegaard

3. Date
01-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Morten Martinsen

5. Manuscript Title

Prevalence of clinical familial hypercholesterolemia among patients with high cholesterol levels referred to a large Danish lipid clinic

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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B. Hedegaard 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)

Ib

2. Surname (Last Name)

Klausen

3. Date

01-July-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Morten Martinsen

5. Manuscript Title

Prevalence of clinical familial hypercholesterolemia among patients with high cholesterol levels referred to a large Danish lipid clinic

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?

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Dr. Klausen has nothing to disclose.

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1. Given Name (First Name)
Martin

2. Surname (Last Name)
Mortensen

3. Date
01-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Morten Martinsen

5. Manuscript Title
Prevalence of clinical familial hypercholesterolemia among patients with high cholesterol levels referred to a large Danish lipid clinic

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1. Given Name (First Name) Morten 2. Surname (Last Name) Martinsen 3. Date 01-July-2019

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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
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Martinsen reports grants from Sanofi, during the conduct of the study; personal fees from Sanofi, outside the submitted work; .

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