

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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".

#### 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. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent

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### Section 1. Identifying Information

1. Given Name (First Name)  
Anders

2. Surname (Last Name)  
Løkke

3. Date  
14-December-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Real life management of Chronic Obstructive Pulmonary Disease (COPD) in General Practice (GP) in Denmark

6. Manuscript Identifying Number (if you know it)

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

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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                          |
|------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------------|
| Boehringer Ingelheim Denmark | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory board fee for this study |

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| Name of Entity       | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                              | Comments  |
|----------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---|
| Boehringer Ingelheim | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ad-boards, lectures, PI in research, travel support |
| GSK                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ad-boards, lectures, PI in research, travel support |

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| Name of Entity | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                              | Comments  |
|----------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---|
| AstraZeneca    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ad-boards, lectures, PI in research, consultant fee, travel support |
| Chiesi         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | ad-boards, PI-in COPD research                                      |
| Pfizer         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Unrestricted research grants, ad-boards, lectures                   |
| Mundipharma    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | ad-boards, lectures   |
| Novartis       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ad-boards, lectures, PI in research, consultant fee, travel support |
| Orion Pharma   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Gift for lecture  |
| Takeda         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Lecture   |
| Intermune      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Lectures  |

### 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. Løkke reports personal fees from Boehringer Ingelheim Denmark, during the conduct of the study; grants, personal fees and other from Boehringer Ingelheim, personal fees and other from GSK, personal fees and other from AstraZeneca, personal fees from Chiesi, grants and personal fees from Pfizer, personal fees from Mundipharma, personal fees and other from Novartis, other from Orion Pharma, personal fees from Takeda, personal fees from Intermune, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
Merete Kjær

2. Surname (Last Name)  
Hansen

3. Date  
14-December-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Anders Løkke

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Klaus

2. Surname (Last Name)  
Roslind

3. Date  
14-December-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Anders Løkke

5. Manuscript Title  
Real life management of Chronic Obstructive Pulmonary Disease (COPD) in General Practice (GP) in Denmark

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1. Given Name (First Name) \_\_\_\_\_ JEns

2. Surname (Last Name) \_\_\_\_\_ Søndergaard

3. Date \_\_\_\_\_ 16-December-2017

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_ Anders Løkke

5. Manuscript Title \_\_\_\_\_ Real life management of Chronic Obstructive Pulmonary Disease (COPD) in General Practice (GP) in Denmark

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
Peter

2. Surname (Last Name)  
Lange

3. Date  
14-December-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Anders Løkke

5. Manuscript Title  
Real life management of Chronic Obstructive Pulmonary Disease (COPD) in General Practice (GP) in Denmark

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                          |
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| Boehringer Ingelheim Denmark | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Advisory board fee for this study |

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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**.

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

Dr. Lange reports personal fees from Boehringer Ingelheim Denmark, during the conduct of the study; .

### Evaluation and Feedback

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