

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Berit Storgaard	2. Surname (Last Name) Hedegaard	3. Date 10-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jens Vinther Larsen
5. Manuscript Title The contemporary lipid clinic: Achievements in low-density lipoprotein reductions in very high-risk patients		
6. Manuscript Identifying Number (if you know it)		

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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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Dr. Hedegaard 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) Ib Christian	2. Surname (Last Name) Klausen	3. Date 10-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jens V. Larsen
5. Manuscript Title The Contemporary Lipid Clinic: Achievements in low density lipoprotein reductions in very high risk patients		
6. Manuscript Identifying Number (if you know it) na		

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

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Dr. Klausen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Jens Vinther

2. Surname (Last Name)  
Larsen

3. Date  
10-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The contemporary lipid clinic: Achievements in low-density lipoprotein reductions in very high-risk patients

6. Manuscript Identifying Number (if you know it)  
na

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Dr. Larsen has nothing to disclose.

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1. Given Name (First Name)  
Martin

2. Surname (Last Name)  
Mortensen

3. Date  
10-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jens V. Larsen

5. Manuscript Title

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Dr. Mortensen has nothing to disclose.

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4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Jens Vinther Larsen

5. Manuscript Title  
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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
SANOFI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SANOFI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Martinsen reports personal fees from SANOFI, grants from SANOFI, outside the submitted work; .

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