Date	2: 15/4-24			
Your	name:	Carolina Ma	Ita Hansen	
	ouscript title: LLÆG: Ka			domme (2) - Pludselig hjertedød ger - udgivelse 14. oktober 2024
Man	uscript numbe	r (if known)	):	
hird   commist a i	elated to the co parties whose i nitment to tran relationship/ac	ntent of younterests mass sparency ar tivity/intere	ur manuscript. "Related' ay be affected by the cor nd does not necessarily in est, it is preferable that y	Il relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to you do so.  ips/activities/interests as they relate to the current
ertai Intihy n iter	ins to the epide ypertensive me m #1 below, rep	emiology of edication, eve port all supp	hypertension, you shoul ven if that medication is	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript.  ed in this manuscript without time limit. For all months.
			Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	frame: Since th	e initial plan	ning of the work	
1	All support for t manuscript (e.g provision of stu- materials, medi- article processir etc.)	he present ., funding, dy cal writing,	□ None None	
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Time				
THITC	frame: past 36	months		

		TrygFonden	Unrestricted research grant
		Helsefonden	Unrestricted research grant
		Capital Region of Denmark	Research Grant
		Novo Nordisk Foundation	Research grant
3	Royalties or licenses	□ None	
		None	
4	Consulting fees	□ None	
		The Lancet	Reviewer/editorial
		Duke Clinical Research Institute	Steering Committee Member
5	Payment or honoraria for	☐ None	
	lectures, presentations,	NOne	
	speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Payment for expert	□ None	
	testimony	None	
7	Cumpart for attanding		
7	Support for attending meetings and/or travel	□ None	
	meetings and/or traver	None	
8	Patents planned, issued or	☐ None	
	pending	None	
9	Participation on a Data	□ None	
,	Safety Monitoring Board	None	
	or Advisory Board	TWOTIC	
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10	Leadership or fiduciary role in other board,	□ None	Diazita
	society, committee or	ILCOR	BLS Task force
	advocacy group, paid or	AHA ERC	Lay Responder Task force 2025 Resuscitation Guidelines BLS and Systems
	unpaid	LING	Saving Lives Writing group
			3 3 3 5. oak
11	Stock or stock ontions	П N	
11	Stock or stock options	None	
		None	
12	Receipt of equipment,	☐ None	
	materials, drugs, medical	Zoll	AEDs for CARAMBA trial
	writing, gifts or other services		
	2CI VICE2		
13	Other financial or non-	□ None	
	financial interests	None	

Please place an "X" next to the following statement to indicate your agreement:
$\mathbf{X} \square$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date	e: 15/4-2024			
You	r name:	Jasmin Mujl	kanovic	
Mar	nuscript title:	ı	Arvelige hjertesygdomme	(2) - Pludselig hjertedød
Mar	nuscript numbe	er (if known)	):	
are re third comn list a	elated to the co parties whose nitment to trar relationship/ad	ontent of you interests mansparency are ctivity/interest	ur manuscript. "Related" ay be affected by the control does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  ps/activities/interests as they relate to the current
perta antih In ite	nins to the epido ypertensive me m #1 below, re	emiology of edication, ever port all supp	hypertension, you should en if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all months.
			Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since th	ne initial plan	ning of the work	
1	All support for manuscript (e.g provision of stu materials, med article processi etc.)	g., funding, Idy Ical writing,	⊠ None	
	No time limit for item.	or this		
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2	Grants or contr any entity (if no in item #1 abov	ot indicated	⊠XNone	
3	Royalties or lice	enses	⊠X None	
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4	Consulting fees	⊠None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	⊠None	
	manuscript writing or educational events		
6	Payment for expert testimony	⊠None	
	testimony		
7	Support for attending	⊠None	
	meetings and/or travel		
8	Patents planned, issued or pending	⊠None	
	pending		
9	Participation on a Data Safety Monitoring Board	⊠None	
	or Advisory Board		
10	Leadership or fiduciary role in other board,	⊠None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
	1 -		
11	Stock or stock options	⊠None	
12	Receipt of equipment,	⊠None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	⊠None	
	financial interests		

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Date	<b>e</b> : 14.04.2024		
You	r name: Tobias Skjelbred		
Mar	nuscript title: Arvelige hjer	tesygdomme (2) – Pludse	lig hjertedød
Mar	nuscript number (if known	):	
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  Discriptions/activities/interests as they relate to the current
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	X None	
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ <b>None</b> Danish Cardiovascular  Academy	Ph.d-grant. Grant number: PhD2023005-HF
3	Royalties or licenses	□ None	
Ü	January of moonlood	L None	

5	Payment or honoraria for lectures, presentations,			
5				
	speakers bureaus, manuscript writing or educational events	□ None		
6	Payment for expert testimony	□ None		
7	Support for attending meetings and/or travel	□ None		
8	Patents planned, issued or pending	□ None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None		
11	Stock or stock options	□ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None		
13	Other financial or non- financial interests	□ None		
Please place an "X" next to the following statement to indicate your agreement:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

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Date	<b>e</b> : 13-04-2024			
You	r name:	Jacob Tfel	t-Hansen	
Mar	Manuscript title: Arvelige hjertesygdomme (2) - Pludselig hjertedød			
Mar	nuscript number	(if known	):	
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3	Royalties or licens	ses	□ None	

4	Consulting fees	□ None	
		Johnson and Johnson, Boston, MicroPort, Solid Bioscience, Cytokinetics and Leo Pharma	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□X None	
6	Payment for expert testimony	□ X None	
7	Support for attending meetings and/or travel	☐ X None	
8	Patents planned, issued or pending	☐ X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ X None	
11	Stock or stock options	☐ X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ X None	
13	Other financial or non- financial interests	□ X None	
X□	•	e following statement to indicate your agreement: ered every question and have not altered the wording of any of the	

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ICMJE Disclosure Form (Feb2023): http://icmje.org	Ugeskrift for Læger / Danish Medical Journal	Page 3 of 3

Date	e: 6. april 2	024		
You	r name:	Henrik Kjæ	rulf Jensen	
Mar	nuscript title:	Oversiç	gtsartikel Arvelige Hjertesyç	gdomme 2 – Pludselig hjertedød
Mar	nuscript numb	er (if known	): UfL 14.10.2024	
are re third comn	elated to the co parties whose nitment to trai	ontent of yo interests ma nsparency ar	ur manuscript. "Related" ay be affected by the cor	I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit Itent of the manuscript. Disclosure represents a Indicate a bias. If you are in doubt about whether to ou do so.
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			Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since tl	he initial plan	ning of the work	
1	All support for manuscript (e.g provision of stumaterials, med article processing etc.)	g., funding, udy lical writing,	x None	
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	any entity (if n		NNF20OC0065151	To Institution
	in item #1 abov	ve).	NNF18OC0031258	To Institution
3	Royalties or lic	enses	x None	

4 Consulting fees			
		Amgen	To Henrik Kjærulf Jensen
5	Payment or honoraria for	х	
	lectures, presentations,	Amgen	To Henrik Kjærulf Jensen
	speakers bureaus,	Biosense Webster	To Henrik Kjærulf Jensen
	manuscript writing or	Abbott	To Henrik Kjærulf Jensen
	educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending	x None	
	meetings and/or travel	XIIIII	
8	Patents planned, issued or	x None	
0	pending	XIVOITE	
	p 9		
9	Participation on a Data Safety Monitoring Board	x None	
	or Advisory Board		
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10	Leadership or fiduciary	x None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
10	financial interests		

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Date	<b>e</b> : 07APR2024		
You	<b>r name</b> : Morten Steen vist	holm Jensen	
Mar	nuscript title: Arve	elige hjertesygdomr	ne (2) - Pludselig hjertedød
Mar	nuscript number (if known	):	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plar		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	x None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
	o traine. past so months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	x None Novo Nordisk Fonden Danske Regioner	Institution Institution
3	Royalties or licenses	x None	
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4	Consulting fees	x None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None  Bristol Myers Squibb private
6	Payment for expert testimony	x None
7	Support for attending meetings and/or travel	x None
8	Patents planned, issued or pending	x None
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x None
11	Stock or stock options	x None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None
13	Other financial or non- financial interests	x None

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Dat	<b>e</b> : 14-04-2024		
You	r name: Bo Gregers Winke	I	
Mai	nuscript title: Arvelige hjer	rtesygdomme (2) - Pludse	elig hjertedød
Mar	nuscript number (if known	):	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup r items, the time frame for		d in this manuscript without time limit. For all months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plar	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	X None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	

4	Consulting fees	X None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None
6	Payment for expert testimony	X None
7	Support for attending meetings and/or travel	X None
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None
11	Stock or stock options	X None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None
13	Other financial or non- financial interests	X None

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Your name	Stine Bøttcher Jacobsen
Manuscrip	t title: Arvelige hjertesygdomme (2) - Pludselig hjertedød
Manuscrip	t number (if known):
are related t	est of transparency, we ask you to disclose all relationships/activities/interests listed below that to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

-:		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plar	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		

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Tim	Time frame: past 36 months			
2	Grants or contracts from	☑ None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	⊠ None		

4 Consulting fees		<b>⊠</b> None	
5	Payment or honoraria for	<b>⊠</b> None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
8	Patents planned, issued or	<b>⊠</b> None	
	pending	110110	
9	Participation on a Data None		
9	Safety Monitoring Board	<b>⊠</b> None	
	or Advisory Board		
10	Leadership or fiduciary	<b>⊠</b> None	
	role in other board, society, committee or		
	advocacy group, paid or unpaid		
L			
11	Stock or stock options	<b>⊠</b> None	
12	Receipt of equipment,	<b>⊠</b> None	
	materials, drugs, medical		
	writing, gifts or other services		
	sei vices		
13	Other financial or non-	<b>⊠</b> None	
	financial interests		

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Date	e: 14. april 2024		
You	r name: Finn Lund Henri	ksen	
Mar	nuscript title: Arvelige hjerte	esygdomme (2) - Pludselig h	jertedød
Mar	nuscript number (if known	):	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	X None	
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2	Grants or contracts from	X None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	

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5	Payment or honoraria for	X None
	lectures, presentations,	
	speakers bureaus, manuscript writing or	
	educational events	
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6	Payment for expert	X None
	testimony	
7	Support for attending	X None
	meetings and/or travel	
8	Patents planned, issued or	X None
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9	Safety Monitoring Board	X None
	or Advisory Board	
10	Leadership or fiduciary	X None
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	society, committee or advocacy group, paid or unpaid	
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11	Stock or stock options	X None
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	writing, gifts or other	
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13	Other financial or non-	X None
	financial interests	

14.04.2024



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Date	9: 06-04-2024		
You	r name: Priya Bhardwaj		
Mar	nuscript title: Arvelige hjer	rtesygdomme (2) - Pludse	elig hjertedød
Mar	nuscript number (if known	):	
are re third comn	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
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perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	No time limit for this item.		
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
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4	Consulting fees	X None			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None			
6	Payment for expert testimony	X None			
7	Support for attending	X None			
	meetings and/or travel				
8	Patents planned, issued or pending	X None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None			
11	Stock or stock options	□ None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None			
	33. 71000				
13	Other financial or non- financial interests	X None			

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Date	<b>9:</b> 17. april 2024.		
You	r name: Henning Bundgaai	rd	
Kar	nuscript title: Arvelige h diologi - Ugeskrift fo nuscript number (if known	or Læger - udgivelse	- Pludselig hjertedød TILLÆG: 14. oktober 2024
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