

# ICMJE DISCLOSURE FORM

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Date: 15/4-24

Your name: Carolina Malta Hansen

Manuscript title: **Arvelige hjertesygdomme (2) - Pludselig hjertedød**  
**TILLÆG: Kardiologi - Ugeskrift for Læger - udgivelse 14. oktober 2024**

Manuscript 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)
<b>Time frame: Since the initial planning of the work</b>			
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		None	

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**Time frame: past 36 months**

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Independent Research Fund Denmark	Research grant

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

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Date: 15/4-2024

Your name: Jasmin Mujkanovic

Manuscript title: Arvelige hjertesygdomme (2) - Pludselig hjertedød

Manuscript number (if known):

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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# ICMJE DISCLOSURE FORM

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Date: 14.04.2024

Your name: Tobias Skjelbred

Manuscript title: Arvelige hjertesygdomme (2) – Pludselig hjertedød

Manuscript number (if known):

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Danish Cardiovascular Academy	Ph.d-grant. Grant number: PhD2023005-HF
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> None	

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Date: 13-04-2024

Your name: Jacob Tfelt-Hansen

Manuscript title: Arvelige hjertesygdomme (2) - Pludselig hjertedød

Manuscript number (if known):

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		NOVO NORDIC FOUNDATION	
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> X None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X None	
8	Patents planned, issued or pending	<input type="checkbox"/> X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X None	
11	Stock or stock options	<input type="checkbox"/> X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X None	
13	Other financial or non- financial interests	<input type="checkbox"/> X None	

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Date: 6. april 2024

Your name: Henrik Kjærulf Jensen

Manuscript title: Oversigtsartikel Arvelige Hjertesygdomme 2 – Pludselig hjertedød

Manuscript number (if known): UfL 14.10.2024

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		NNF20OC0065151	To Institution
		NNF18OC0031258	To Institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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Date: 07APR2024

Your name: Morten Steen vistholm Jensen

Manuscript title: **Arvelige hjertesygdomme (2) - Pludselig hjertedød**

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>x None</b>	
		Novo Nordisk Fonden	Institution
		Danske Regioner	Institution
3	Royalties or licenses	<b>x None</b>	

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

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# ICMJE DISCLOSURE FORM

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Date: 14-04-2024

Your name: Bo Gregers Winkel

Manuscript title: Arvelige hjertesygdomme (2) - Pludselig hjertedød

Manuscript number (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<b>X None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<b>X None</b>	
6	Payment for expert testimony	<b>X None</b>	
7	Support for attending meetings and/or travel	<b>X None</b>	
8	Patents planned, issued or pending	<b>X None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<b>X None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<b>X None</b>	
11	Stock or stock options	<b>X None</b>	
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**Date:** 12. april 2021

**Your name:** Stine Bøttcher Jacobsen

**Manuscript title:** Arvelige hjertesygdomme (2) - Pludselig hjertedød

**Manuscript number (if known):**

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Date: 14. april 2024

Your name: Finn Lund Henriksen

Manuscript title: Arvelige hjertesygdomme (2) - Pludselig hjertedød

Manuscript number (if known):

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

14.04.2024

*Tinn L. Henriksen*

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Date: 06-04-2024

Your name: Priya Bhardwaj

Manuscript title: Arvelige hjertesygdomme (2) - Pludselig hjertedød

Manuscript 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)
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>X None</b>	
3	Royalties or licenses	<b>X None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 17. april 2024.

Your name: Henning Bundgaard

Manuscript title: Arvelige hjertesygdomme (2) - Pludselig hjertedød TILLÆG:  
Kardiologi - Ugeskrift for Læger - udgivelse 14. oktober 2024

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	<input checked="" type="checkbox"/> None	

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## Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		NNF	Grant of app 3 mio DKK to endocarditis project – to hospital
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
		NNF	Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Lectures	Amgen, Pfizer, BMS, Sanofi, MSD – payment to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		DCS working groups	No payment
		Academic council , KU	No payment
		BRIDGE, KU	20.000 DKK annually – to me
		IKM; KU	No payment
11	Stock or stock options	<input type="checkbox"/> None	
		NOVO	DKK 200.000
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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