Date	0: 06-04-2024		
You	r name: Torsten Bloch Ras	mussen	
Mar	nuscript title: Arvelige Hjer	tesygdomme (1)	
Mar	nuscript number (if known):	
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	m #1 below, report all sup ritems, the time frame for		d in this manuscript without time limit. For all months. Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	institution)
Time	e frame: Since the initial plan	needed)	
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	
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4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Bristol Myers Squibb	Teaching of staff
6	Payment for expert	x None	
	testimony		
7	Support for attending	□ None	
	meetings and/or travel	Novo Nordisk	Attendance at ESC Congress 2013
8	Patents planned, issued or	x None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or Advisory Board		
	or Mavisory Board		
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	
	of otook options	Attento	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		

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Date	e: 07/05/24Klik eller try	yk for at angive en dato).
	r name: Carolina Ma		
Mar	nuscript title:	Arvelige hjertesygde	omme
	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)
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1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	TrygFonden, Helsefonden, Novo Nordisk Foundation,	Research Grants
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Time	e frame: past 36 months		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Laerdal Foundation, DFF, Region Hovédstadens Forskningsfond	Research Grants
3	Royalties or licenses	x□ None	

4	Consulting fees	x None	
	_	None	
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5	Payment or honoraria for	x None	
	lectures, presentations, speakers bureaus,	None	
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony	None	
7	Cupport for attanding	81	
7	Support for attending meetings and/or travel	x None	
	incettings and/or traver	None	
8	Patents planned, issued or	x None	
	pending	None	
9	Participation on a Data	x None	
	Safety Monitoring Board	None	
	or Advisory Board	110110	
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10	Leadership or fiduciary role in other board,	□ None	
	society, committee or	Steering Committee	
	advocacy group, paid or	member, RACE-CARS TRIALS	
	unpaid	ILCOR BLS TASK FORCE	
	'	2025 ERC Guidelines	
		writing group	
11	Stock or stock options	v Nono	
11	Stock of Stock options	x None	
		none	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other	none	
	services		
13	Other financial or non-	x None	
	financial interests		
		none	

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Dat	e : 06.APR.2024		
You	r name: Louise Bjerrega	ard	
Mai	nuscript title: Arvelig	e hjertesygdomme	
Mai	nuscript number (if known):	
are re third comr	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the contended 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>
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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.)	⊠ 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).	⊠ None	
3	Royalties or licenses	☒ None	

4	Consulting fees	☑ None	
5	Payment or honoraria for	☑ None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	☒ None	
	testimony		
7	Support for attending	☑ None	
	meetings and/or travel		
8	Patents planned, issued or	☒ None	
	pending		
	Double in the control of the control		
9	Participation on a Data Safety Monitoring Board	None	
	or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or	☑ None	
	advocacy group, paid or		
	unpaid		
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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Dat	e : 7. maj 2024		
You	Ir name: Trine Kiilerich La	auridsen	
Mai	nuscript title: Arvelige	hjertesygdomme - arvelige	hjertesygdomme i den kliniske hverdag
Mai	nuscript number (if known):	
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	ollowing questions apply to uscript only.	o tne autnor's relationsnip	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology of hypertensive medication, ev	hypertension, you should wen if that medication is n port for the work reported	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)
Tim	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 any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	

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

X 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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Dat	e: 14/5-24.		
You	Ir name: Alex H Christen:	sen	
Mai	nuscript title: A	rvelige Hjertesygdomme	
Mai	nuscript number (if known):	
are re third comr list a	elated to the content of yo parties whose interests ma mitment to transparency a relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
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perta antih In ite	ains to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	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	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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Tim	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	X None	
	lectures, presentations,		
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	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	Attono	
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9	Participation on a Data Safety Monitoring Board	X None	
	or Advisory Board		
	o. maneery bear a		
10	Leadership or fiduciary	X None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
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11	Stock or stock options	☐ None	
		Novo Nordisk	Own stock
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	X None	
	financial interests	A 140HC	

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Dat	e: 07APR2024		
You	r name: Morten Steen	Kvistholm Jensen	
Mai	nuscript title: Arvelige hjer	tesygdomme (1)	
Mar	nuscript number (if known):	
are re third comr list a The f	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 contend 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. OS/activities/interests as they relate to the current
The a perta antih In ite	nuthor's relationships/activ nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	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.
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2	Grants or contracts from any entity (if not indicated in item #1 above).	□ 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	□ None Bristil Meyer 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	x None	
	unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment,	x None	
-	materials, drugs, medical	X HOHO	
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		

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Date	e: 6. april 2024			
You	r name : Her	nrik Kjærulf Jensen		
Mar	nuscript title:	Oversigtsartikel Arvelige	e Hjertesygdomr	ne 1
Mar	nuscript number (if	known): UfL 14.10).2024	
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1	All support for the p manuscript (e.g., fur provision of study materials, medical w article processing ch etc.)	riting,		
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4	Consulting fees	□ None	
		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	7,110	
8	Patents planned, issued or	x None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x None	T
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
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13	Other financial or non- financial interests	x None	

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Dat	e : 12. maj 2024		
You	r name: Henning Bundgaai	rd	
Mai	nuscript title: Arv	elige hjertesygdomme	
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 ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
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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).	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	☐ None Amgen, Sanofi, MSD, BMS and Pfizer	Payment to me
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	☐ None Member of DCS Member of DCS; Inherited cardiac diseases	
11	Stock or stock options	□ None Stock	NOVO
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	e: May 14 2024		
You	r name: Mo	orten Krogh Christiansen	
Mai	nuscript title:	Arvelige hjertesygdomm	е
Mar	nuscript number (if	known):	
are rethird comrist a The finance The aperta antih	elated to the conterparties whose intermitment to transpar relationship/activity following questions auscript only. Buthor's relationship ins to the epidemion of the epidemion	nt of your manuscript. "Relativests may be affected by the ency and does not necessarily/interest, it is preferable that apply to the author's relation of sectivities/interests should logy of hypertension, you should not be apply to that medication	be defined broadly. For example, if your manuscript ould declare all relationships with manufacturers of is not mentioned in the manuscript.
		Name all entities with whom you have this relationship or indica none (add rows as needed)	(e.g., if payments were made to you or to your
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1	All support for the p manuscript (e.g., fur provision of study materials, medical w article processing ch etc.)	riting,	
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3	Royalties or licenses	X None	
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4	Consulting fees	□ None		
		Amgen Inc.	Research consultant fees outside the submitted work.	
5	Payment or honoraria for	X None		
	lectures, presentations,	A 110110		
	speakers bureaus,			
	manuscript writing or educational events			
	educational events			
6	Payment for expert	X None		
	testimony			
7	Support for attending	□ None		
,	meetings and/or travel	Abbott	EHRA 2024 Congress travel grant given to the	
	Ŭ	Abbott	institution	
8	Patents planned, issued or	X None		
	pending	ANOTIC		
9	Participation on a Data	X None		
9	Safety Monitoring Board	X None		
	or Advisory Board			
10	Leadership or fiduciary	X None		
	role in other board, society, committee or advocacy group, paid or unpaid			
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11	Stock or stock options	□ None	Minor charaboldings in News Nordisk and Daysrian	
			Minor shareholdings in Novo Nordisk and Bavarian Nordic	
10	Descipt of agricument	V N		
12	Receipt of equipment, materials, drugs, medical	X None		
	writing, gifts or other			
	services			
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13	Other financial or non- financial interests	X None		
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