

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Steffen

2. Surname (Last Name)
Petersen

3. Date
13-July-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Myriam Hunink

5. Manuscript Title
Cardiovascular Risk Assessment: A Systematic Review of Guidelines

6. Manuscript Identifying Number (if you know it)
M16-1110

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.)?

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Dr. Petersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bart	2. Surname (Last Name) Ferket	3. Date 13-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name M. G. Hunink
5. Manuscript Title Cardiovascular Risk Assessment: A Systematic Review of Guidelines		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Mohammed Y.	2. Surname (Last Name) Khanji	3. Date 13-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Prof Myriam Hunink
5. Manuscript Title Cardiovascular Risk Assessment: A Systematic Review of Guidelines		
6. Manuscript Identifying Number (if you know it) M16-1110		

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Section 1. Identifying Information

1. Given Name (First Name) Vinícius	2. Surname (Last Name) Bicalho	3. Date 27-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Mohammed Khanji
5. Manuscript Title Cardiovascular Risk Assessment: A Systematic Review of Guidelines		
6. Manuscript Identifying Number (if you know it) M16-1110		

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Section 1. Identifying Information

1. Given Name (First Name) Claudia	2. Surname (Last Name) van Waardhuizen	3. Date 04-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Myriam Hunink
5. Manuscript Title Cardiovascular Risk Assessment: A Systematic Review of Guidelines		
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Hunink

3. Date
21-July-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cardiovascular Risk Assessment: A Systematic Review of Guidelines

6. Manuscript Identifying Number (if you know it)
M16-1110

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.)?

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Dr. Hunink reports personal fees from Cambridge University Press, grants and non-financial support from European Society of Radiology (ESR), non-financial support from European Institute for Biomedical Imaging Research, outside the submitted work; .

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