

INSTRUCTIONS:

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form has five parts.

1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

Please provide information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

3. Relevant financial activities outside the submitted work.

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

The goal of this section is to provide information for our reviewers and readers about your interactions with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer. For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to benefit financially from the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as the NIH or the MRC, need not be disclosed. For example, if the NIH sponsored a piece of work you have been involved in but drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



Section 1. Identifying Information. Given Name: Surname: Effective Date: |07-April-2010 Mette Lykke Norgaard (or first) (or last) Format example: 07-August-2008 Are you the corresponding author? Yes No Corresponding author's name: | Mette Charlot Proton Pump Inhibitors are Associated with Increased Cardiovascular Risk Independent of Clopidogrel Use: A" Manuscript Title: Nationwide Study." Manuscript Identifying Number (if you know it): M10-0269 Section 2. Information about the support of the work under consideration for publication. Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

☐ No

X Yes, specify nature of compensation

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	\boxtimes			\boxtimes	The Danish Research Council		Del
				•			Add
Consulting fee or honorarium			\boxtimes				Del
				•			Add
Support for travel to meetings for the study or otherwise			\boxtimes				Del
							Add
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	\boxtimes		\boxtimes				Del
		•		•			Add
Payment for writing or reviewing the manuscript			\boxtimes				Del



Туре	Money Paid to You*				Name of Entity	Comments**		
							Add +	
Support in kind such as writing, provision of medicines or equipment, or administrative support	\boxtimes						Del ×	
		•	•				Add +	
Other	\boxtimes		\boxtimes				Del ×	

^{**}Use this section to provide any needed explanation

Section 3. Information about relevant financial relationships outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del×
						Add +
Consultancy	\boxtimes					Del ×
						Add +
Employment	\boxtimes					Del ×
						Add +
Expert testimony	\boxtimes					Del ×
						Add +
Gifts	\boxtimes					Del×
						Add +
Grants/grants pending	\boxtimes					Del ×



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
						Add +
Patents (planned, pending or issued)						Del ×
			,			Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
						Add +
Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +

Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or you	ur spouse or partner	have financia	l relationships	with entities	that have an	interest in the	e content of the	he
submitted work?								

☑ No other relationships/condition	s/circumstances that present	potential conflict of interest
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Yes, the following relationships/conditions/circumstances are present (explain below):



Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other)
that a reasonable reader would want to know about in relation to the submitted work?
No relevant nonfinancial relationships/conditions/circumstances to report.
Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

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Effective Date: 17.05.2010

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Section 1. Identifying Information.

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Corresponding auth	or's name:	Mette Charlot				
	roton Pump In Iationwide Stu		ssociated with Ir	ncreased Cardiovascular Risk I	ndependent of Clopidogrel	Use: A
Manuscript Identify	ing Number	(if you know	v it): M10-0269			
ection 2. Informat	tion about t	he suppor	t of the work	under consideration f	or publication.	
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disclose relationships	that fall outsid	e the 36-mon	th window that	resent during the 36 months readers may want to know a nips that are now ended).	<u> </u>	
If you have more than	n one relations	ship, click "Ad	dd +" to add a r	ow. Click "Del ×" to delete	an extra row.	
Type of Relations in alphabetical or		Money Paid to You	Money to Your institution	Entity	Comments	
oard membership						Del
						Add



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
						Add +
Gifts	\boxtimes					Del ×
						Add +
Grants/grants pending	\boxtimes					Del ×
						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
proparation						Add +
Patents (planned, pending or issued)	\boxtimes					Del×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del×
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Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del×
						Add +



Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?
No other relationships/conditions/circumstances that present potential conflict of interest
Yes, the following relationships/conditions/circumstances are present (explain below):

Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other)
that a reasonable reader would want to know about in relation to the submitted work?
No relevant nonfinancial relationships/conditions/circumstances to report.

Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

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Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Madsen		3. Effective Date (07-August-2008) 11-August-2010
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Mette Charlot	
	nibitors but not H2-re	•	ated with Increased Risk of <i>F</i> cionwide Propensity-score <i>N</i>	Adverse Cardiovascular Events in latched Study
6. Manuscript Ider M10-0269	ntifying Number (if you	know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	✓					×		
						ADD		
2. Consulting fee or honorarium	✓					×		
						ADD		
Support for travel to meetings for the study or other purposes	✓					×		
						ADD		
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×		
						ADD		
Payment for writing or reviewing the manuscript	✓					×		
						ADD		
Provision of writing assistance, medicines, equipment, or administrative support	√					×		



The Work Under Consi	deration for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	\checkmark					×
						ADD

Section 3. Polovani

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy	✓					X		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending	✓					×		
						ADD		
Payment for lectures including service on speakers bureaus	✓					×		
						ADD		
Payment for manuscript preparation	✓					×		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
10. Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	
Section 4.						_

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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Effective Date: 11-April-2010

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Section 1. Identifying Information.

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Given Name:

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Are you the correspond	ling auth	or? Yes	× L		Format example: 07-Augu	ıst-2008
Corresponding author's r	name:	Лette Charlot				
	Pump In wide Stu		ssociated with Ir	ncreased Cardiovascular Risk	Independent of Clopidogrel	Use: A
Manuscript Identifying N	Number	(if you know	v it): M09-2585			
Section 2. Information	about t	he support	t of the work	under consideration f	for publication.	
Did you or your institution limited to grants, data moni						ng but not
⊠ No						
Yes, specify nature	of compe	ensation				
Place a check in the appropriate of the section 3. Information at Place a check in the appropriate of the section with any entraction as you need. Use the committen was about the compensation disclose relationships that far you for not disclosing (for each of the section of t	riate box ities that nents colo on. Rep all outsid example,	es in the table have an inter- umn to indicator relationships the 36-mon long-term fin- hip, click "Ac-	e to indicate who rest related to th ate any additiona rips that were pr th window that rancial relationsh and +" to add a re	ether you have financial relate submitted work. Use one last information that you think esent during the 36 months readers may want to know a	tionships (regardless of amo ine for each entity; add as n a reader or editor would we prior to submission. In add bout and could reasonably	nany lines ant to ition pleas
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership						Del ×
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
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Gifts	\boxtimes					Del ×
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Honoraria						Del ×
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Payment for manuscript preparation						Del ×
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Patents (planned, pending or issued)	\boxtimes					Del ×
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Royalties						Del ×
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Payment for development of educational presentations including service on speakers' bureaus						Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

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5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



Køber

Effective Date: 02-April-2010

Add +

Del ×

Add +

Del ×

Add +

Surname:

(or last)

Section 1. Identifying Information.

Lars

Given Name:

(or first)

Consultancy

Employment

 \times

X

Are you the correspond	ing auth	or? Yes	∑ No		Format example: 07-August-	2008
Corresponding author's n	iame:	Mette Charlot				
Manuscript Title: Proton	-Pump Ir	nhibitors Are A	ssociated with I	ncreased Cardiovascular Risk	Independent of Clopidogrel Us	e
Manuscript Identifying N	lumber	(if you know	v it): M09-2585	;		
Section 2. Information a	about t	he support	of the work	under consideration f	or publication.	
2	-	1 ,		rt in kind for any aspect of the treparation, statistical analy	ne submitted work (including bysis, etc)?	out not
⊠ No						
Yes, specify nature of	of compo	ensation				
compensation) with any ent as you need. Use the comm know about the compensati disclose relationships that fa you for not disclosing (for e	riate box ities that ients col- on. Rep ill outsid xample,	es in the table have an inter umn to indica ort relationsh e the 36-mon long-term fin thip, click "Activations of the second or	e to indicate who rest related to the te any additional ips that were proth window that ancial relationships and +" to add a r	ether you have financial relative submitted work. Use one list information that you think resent during the 36 months preaders may want to know all	ionships (regardless of amount ine for each entity; add as man a reader or editor would want prior to submission. In addition bout and could reasonably crit	y lines to n please
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del ×



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
'		1	'			Add +
Gifts	\boxtimes					Del ×
						Add +
Grants/grants pending	\boxtimes					Del ×
						Add +
Honoraria						Del ×
		I	1			Add +
Payment for manuscript preparation						Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties						Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus						Del ×
						Add +
Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +



Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?
No other relationships/conditions/circumstances that present potential conflict of interest
Yes, the following relationships/conditions/circumstances are present (explain below):

Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other)
that a reasonable reader would want to know about in relation to the submitted work?
No relevant nonfinancial relationships/conditions/circumstances to report.

Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Save Form



Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Christian	. Given Name (First Name) 2. Surname (Last Name Torp-Pedersen		3. Effective Date (07-August-2008) 28-July-2010
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Mette Gitz Charlot
5. Manuscript Title Proton Pump Inl Study		d with Increased Cardiovas	cular Risk Independent of Clopidogrel Use: A Nationwide
6. Manuscript Ide M10-0269	ntifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication											
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**						
						ADD					
7. Other	\checkmark					×					
						ADD					

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work											
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments						
1. Board membership	✓					×					
						ADD					
2. Consultancy	✓					X					
						ADD					
3. Employment	✓					×					
						ADD					
4. Expert testimony	✓					×					
						ADD					
5. Grants/grants pending	✓					×					
						ADD					
Payment for lectures including service on speakers bureaus	✓					×					
						ADD					
Payment for manuscript preparation	✓					×					

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work											
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments						
						ADD					
Patents (planned, pending or issued)	✓					×					
						ADD					
9. Royalties	✓					×					
						ADD					
Payment for development of educational presentations	✓					×					
						ADD					
11. Stock/stock options	✓					×					
						ADD					
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×					
						ADD					
Other (err on the side of full disclosure)	✓					×					
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.											

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



INSTRUCTIONS:

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form has five parts.

1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

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5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



		_			
Given Name: (or first)	Mette	Surname: (or last)	Charlot	Effective Date: 01-	-April-2010
,] ` ′		Format example:	07-August-2008
Are you the	e corresponding author? [⊠ Yes □ N	Jo	•	O
Manuscript T	itle: Proton Pump Inhibit	ors are Associa	ted with Increased Card	diovascular Risk Independent of Clo	pidogrel Use: A
Manuscript Ic	lentifying Number (if y	ou know it):	M10-0269		
Section 2. Info	ormation about the s	support of t	he work under cor	nsideration for publication.	
	•		* *	any aspect of the submitted work a, statistical analysis, etc)?	(including but no
☐ No					
∑ Yes, spe	ecify nature of compensat	tion			

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Section 1. Identifying Information.

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant					The Danish Research Council		Del ×
							Add +
Consulting fee or honorarium			\boxtimes				Del ×
	•	•		•			Add +
Support for travel to meetings for the study or otherwise			\boxtimes				Del ×
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like			\boxtimes				Del ×
							Add +
Payment for writing or reviewing the manuscript			\boxtimes				Del ×
	1			1			Add +



Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
Support in kind such as writing, provision of medicines or equipment, or administrative support			\boxtimes				Del ×
							Add +
Other			\boxtimes				Del ×
	•	•		•			Add +

^{**}Use this section to provide any needed explanation

Section 3. Information about relevant financial relationships outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del ×
			1			Add +
Consultancy	\boxtimes					Del×
						Add +
Employment	\boxtimes					Del×
			1			Add +
Expert testimony	\boxtimes					Del ×
			1			Add +
Gifts	\boxtimes					Del×
						Add +
Grants/grants pending	\boxtimes					Del ×
						Add +



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del×
-					•	Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del×
						Add +
Stock/stock options	\boxtimes					Del×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del×
						Add +

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Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

No other relationships/conditions/circu	mstances that present potential conflic	t of interest
---	---	---------------

Yes, the following relationships/conditions/circumstances are present (explain below):



Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other)
that a reasonable reader would want to know about in relation to the submitted work?
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Save Form



Instructions

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4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Rikke	rst Name)	2. Surname (Last Name) Sørensen		Effective Date (07-August-2008) B-July-2010
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Mette Charlot	
5. Manuscript Title Proton Pump Inl Study		l with Increased Cardiovaso	ular Risk Independent of Clopi	dogrel Use: A Nationwide
6. Manuscript Ide M10-0269	ntifying Number (if you l	know it)	_	

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication						
Тур	ne No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	\checkmark					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Sørensen 5



INSTRUCTIONS:

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Section 1. Identifying Information.

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Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?
No other relationships/conditions/circumstances that present potential conflict of interest
Yes, the following relationships/conditions/circumstances are present (explain below):

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Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other professional, profess	her)
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2. The work under consideration for publication.

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Section 1. Identifying Information.

Peter Riis

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Section 1. Identifying Information.

Casper H.

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