ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Jensen
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Andreas V.

2. **Surname (Last Name)**
   - Jensen

3. **Date**
   - 12-July-2016

4. Are you the corresponding author?  
   - [ ] Yes  
   - [ ] No

5. **Manuscript Title**
   - Hyperglycemia – An important indicator of severity in community-acquired pneumonia

6. **Manuscript Identifying 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 (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.)?

Are there any relevant conflicts of interest?  
- [ ] Yes  
- [ ] No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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- [ ] Yes  
- [ ] No

Jensen
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Jensen reports grants from The Christenson-Cesons family foundation, grants from Fru Olga Bryde Nielsens foundation, grants from Kaptajnlejtnant Harald Jensens og Hustrus foundation, during the conduct of the study.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Gertrud  

2. Surname (Last Name)  
   Baunbæk-Knudsen  

3. Date  
   17-May-2016  

4. Are you the corresponding author?  
   - Yes  
   - No  

   Corresponding Author's Name  
   Andreas Vestergaard Jensen  

5. Manuscript Title  
   Hyperglycemia – An important indicator of severity in community-acquired pneumonia  

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Baunbæk-Knudsen has nothing to disclose.

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4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name
Andreas Vestergaard Jensen

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<td>Trier Petersen</td>
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Dr. Trier Petersen has nothing to disclose.

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   Thomas

2. Surname (Last Name)  
   Benfield

3. Date  
   18-May-2016

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author's Name  
   Andreas Vestergaard Jensen

5. Manuscript Title  
   Hyperglycemia – An important indicator of severity in community-acquired pneumonia

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No

Section 5. Relationships not covered above

Are there 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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):
✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Benfield reports personal fees from GSK, personal fees from Bristol Myers Squibb, personal fees from Gilead, personal fees from Bristol Myers Squibb, personal fees from Gilead, non-financial support from Bristol Myers Squibb, non-financial support from Gilead, personal fees from Abbvie, outside the submitted work.
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1. Identifying information.

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3. Relevant financial activities outside the submitted work.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
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<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tr>
<td>Daniel</td>
<td>Faurholt-Jepsen</td>
<td>17-May-2016</td>
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</table>

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Andreas Vestergaard Jensen

5. Manuscript Title  
Hyperglycemia – An important indicator of severity in community-acquired pneumonia

6. Manuscript Identifying 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 (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.)?  
Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

---

## Section 3. Relevant financial activities outside the submitted work.

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## Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Faurholt-Jepsen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Gernot

2. Surname (Last Name)  
   Rohde

3. Date  
   17-May-2016

4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name  
   Andreas Vestergaard Jensen

5. Manuscript Title  
   Hyperglycemia – An important indicator of severity in community-acquired pneumonia

6. Manuscript Identifying Number (if you know it)

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   Yes ☐  No ☑

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<td>Each $ 1-5K</td>
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Dr. Rohde reports personal fees from Pfizer, Boehringer Ingelheim, Solvay, GSK, Essex Pharma, MSD and Novartis for lectures including service on speakers bureaus outside the submitted work; personal fees from GSK for Travel/accommodations/meeting expenses, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Pernille

2. Surname (Last Name)  
Ravn

3. Date  
31-May-2016

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying 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 (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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Ravn
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes □ No

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Dr. Ravn reports personal fees from MSD, Invited speaker, personal fees from Abb Vie, Invited speaker, from Astellas, personal fees from CSL Behring, Invited speaker, personal fees from Statens Serum Institute, DSMB, outside the submitted work.

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