ICMJE Form for Disclosure of Potential Conflicts of Interest

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 six parts.

1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Nina
2. Surname (Last Name)  Kimer
3. Date  17-March-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Statins for cirrhosis: Almost ready for clinical application
6. Manuscript Identifying Number (if you know it)  DMR-20-25

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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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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Nina Kimer has together with Flemming Bendtsen received a grant from Regionernes Medicinpulje (Drug Research Fund, Danish Regions EMM-2018-01114) for the StatLivertrial.

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<tr>
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<td>Kronborg</td>
</tr>
<tr>
<td>3. Date</td>
<td>18-March-2020</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Nina Kimer</td>
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<td>5. Manuscript Title</td>
<td>Statins for cirrhosis: Almost ready for clinical application</td>
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Dr. Kronborg has nothing to disclose.

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1. Given Name (First Name)  
   Flemming

2. Surname (Last Name)  
   Bendtsen

3. Date  
   18-March-2020

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

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If yes, please fill out the appropriate information below.

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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<th>Comments</th>
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Dr. Bendtsen reports grants from Ferring Pharmaceutical, grants from Tillotts, outside the submitted work.

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Møller  
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