

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.

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kosmas

2. Surname (Last Name)

Paraskevas

3. Date

18-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Cholesterol, carotid artery disease and stroke: what the vascular specialist needs to know

6. Manuscript Identifying Number (if you know it)

ATM-2019-CASS-03

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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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Dr. Paraskevas 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) Frank	2. Surname (Last Name) VEITH	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paraskevas
5. Manuscript Title Cholesterol, carotid artery disease and stroke: what the vascular specialist needs to know		
6. Manuscript Identifying Number (if you know it) ATM-2019-CASS-03		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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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Dr. VEITH has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hans-Henning	2. Surname (Last Name) Eckstein	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kosmas I. Paraskevas
5. Manuscript Title Cholesterol, carotid artery disease and stroke: what the vascular specialist needs to know		
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Dr. Eckstein 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) Jean-Baptiste	2. Surname (Last Name) RICCO	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kosmas Paraskevas
5. Manuscript Title Cholesterol, carotid artery disease and stroke: what the vascular specialist needs to know.		
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Section 1. Identifying Information

1. Given Name (First Name)
Dimitri

2. Surname (Last Name)
Mikhailidis

3. Date
19-March-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Kosmas Paraskevas

5. Manuscript Title
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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker fees and travel expenses
Novo Nordisk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board member

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
conference lectures and attendance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Mikhailidis has given talks and attended conferences sponsored by Amgen, Novonordisk and Libytec.

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Dr. Mikhailidis reports personal fees from Amgen, other from Novo Nordisk, during the conduct of the study; personal fees from conference lectures and attendance, outside the submitted work; .

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