

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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Haugaard

Effective Date: |31-January-2011

Surname:

Section 1. Identifying Information.

Michael Valentin

Given Name:

(or first)	lichaei valentin	(or l	ast) Haugaar	a	,	
Are you the c	orresponding a	uthor? X Yes	□ No		Format example: 07-Aug	ust-2008
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Gifts	\boxtimes					Del ×
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Payment for manuscript preparation	\boxtimes					Del ×
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Royalties	\boxtimes					Del ×
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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×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Penninga 1



Surname:

Section 1. Identifying Information.

Given Name:

(in alphabetical order)

Board membership

Consultancy

Employment

(or first)	Luit		(or last)	Penninga		Effective Date: 31-January-2011	
Are you the	e correspond	ing author?	Yes 🖂	No		Format example: 07-August-2	.008
Correspondin	g author's n	name: Mic	hael Valentin Ha	augaard			
Manuscript T	itle: Pankre	astraumer h	nos børn - opera	tiv versus no	n-operativ behandling		
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Did you or you	r institution :	at any time	receive paymen	it or support		tion for publication. et of the submitted work (including but analysis, etc)?	ut not
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Gifts	\boxtimes					Del ×
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Payment for manuscript preparation	\boxtimes					Del ×
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Patents (planned, pending or issued)	\boxtimes					Del ×
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Stock/stock options	\boxtimes					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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Penninga 3



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Penninga 4



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Effective Date: |31-January-2011

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Surname:

(or last)

Section 1. Identifying Information.

Inge Bøtker-Rasmussen

Given Name:

(or first)

Consultancy

Employment

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Are you the correspond	ing auth	or? Yes	× No		Format example: 07-August	-2008
Corresponding author's n	ame:	Aichael Valent	in Haugaard			
Manuscript Title: Pankre	astraume	er hos børn - o	perativ versus r	non-operativ behandling		
Manuscript Identifying N	lumber	(if you know	v it):			
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Board membership	\boxtimes					Del ×

Ifaoui 2



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
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Gifts	\boxtimes					Del ×
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Payment for manuscript preparation	\boxtimes					Del ×
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Patents (planned, pending or issued)	\boxtimes					Del ×
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Royalties	\boxtimes					Del ×
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Stock/stock options	\boxtimes					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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Ifaoui 3



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Given Name: (or first)	Niels	Surname: (or last)	Qvist	Effective Date:	31-January-2011
Are you the	e corresponding author?	Yes 🛛 N	No	Format exam	ple: 07-August-2008
Corresponding	g author's name: Micha	ael Valentin Hau	ugaard		
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
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Gifts	\boxtimes					Del ×
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Grants/grants pending	\boxtimes					Del ×
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Honoraria						Del ×
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Wettergren 1



Surname:

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Given Name:

(in alphabetical order)

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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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						Add +
Honoraria						Del ×
D		T				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×
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Stock/stock options	\boxtimes					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 ×
						Add +

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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):

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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