

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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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Villadsen 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Gerda Elisabeth	2. Surname (Last Name) Villadsen	3. Date 19-November-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mette Winther Andersen
5. Manuscript Title Hepatopulmonalt syndrom. En invaliderende tilstand, som kan helk	oredes med levertransplant	tation
6. Manuscript Identifying Number (if you k	now it)	_
Section 2. The Work Under C		
The work onder C	onsideration for Public	
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 Vo		
Section 3. Relevant financial	activities outside the s	submitted work.
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Section 4. Intellectual Prope	rty Patents & Copyri <u>c</u>	yhts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Villadsen 2



Section 5.		
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Yes, the following relationships/conditions/circumstances are present (explain below):		
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	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.	
Section 6.	Disclosure Statement	
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Villadsen has	s nothing to disclose.	

Evaluation and Feedback

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Villadsen 3



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Eriksen 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Jan	2. Surname (Last Name) Eriksen	3. Date 19-November-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mette Winther Andersen
5. Manuscript Title Hepatopulmonalt syndrom. En invaliderende tilstand, som kan helb	redes med levertransplant	cation
6. Manuscript Identifying Number (if you kr	now it)	-
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Are there any relevant conflicts of intere	est?	
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Kelevant financial	activities outside the s	ubmitted work.
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Eriksen 2



Section 5.		
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Dr. Eriksen has n	othing to disclose.	

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Lyngsoe 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Bente Kjaer	2. Surname (Last Name) Lyngsoe	3. Date 29-October-2013
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Mette Winther Andersen
5. Manuscript Title Hepatopulmonalt syndrom. En invalide	erende tilstand som kan he	Ibredes med levertransplantation
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under C	onsideration for Public	cation
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Lyngsoe 2



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Andersen 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Mette Winther	2. Surname (Last Name) Andersen	3. Date 20-January-2014
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Hepatopulmonalt syndrom. En invaliderende sygdom som kan helbredes med levertransplantation.		
6. Manuscript Identifying Number (if you ki UFL-11-13-0640.R1	now it)	
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Andersen 2



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