

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anders	2. Surname (Last Name) Tøttrup	3. Date 23-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stine Karlsen
5. Manuscript Title Kolektomi hos patient med pneumatosis coli		
6. Manuscript Identifying Number (if you know it) UFL-12-13-0736		

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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

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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. Tøttrup has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Ole	2. Surname (Last Name) Bonderup	3. Date 23-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stine Karlsen
5. Manuscript Title Kolektomi hos patient med pneumatosis coli		
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1. Given Name (First Name)
Stine

2. Surname (Last Name)
Karlsen

3. Date
23-December-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
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