

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ismail

2. Surname (Last Name)

Gögenur

3. Date

01-February-2014

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Ismail Gögenur

5. Manuscript Title

Betydeligt fald i 30-dages mortaliteten efter operation for kolorektal cancer

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

Yes

No

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Dr. Gögenur has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Lene Hjerrild
2. Surname (Last Name)  
Iversen
3. Date  
26-January-2014
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Ismail Gögenur
5. Manuscript Title  
Betydeligt fald i 30-dages mortaliteten efter operation for kolorektal cancer
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Dr. Iversen has nothing to disclose.

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1. Given Name (First Name)  
Peter
2. Surname (Last Name)  
Ingeholm
3. Date  
02-February-2014
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Ismail Gögenur
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1. Given Name (First Name)  
Mette Karen

2. Surname (Last Name)  
Yilmaz

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ismail Gögenur

5. Manuscript Title

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Dr. Yilmaz Has nothing to disclose

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