

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sigrid Bjerger

2. Surname (Last Name)
Gribsholt

3. Date
26-November-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Oxalatsyre nefropati efter gastrisk bypass: skal bypass lægges tilbage før nyretransplantation?

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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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. Gribsholt has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ingrid Møller

2. Surname (Last Name)
Thomsen

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Sigrid Bjerger Gribsholt

5. Manuscript Title

Oxalatsyre nefropati efter gastrisk bypass: skal bypass lægges tilbage før nyretransplantation?

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Section 1. Identifying Information

1. Given Name (First Name) Niels	2. Surname (Last Name) Marcussen	3. Date 19-December-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sigrid Bjerger Gribsholt
5. Manuscript Title Oxalatsyre nefropati efter gastrisk bypass: skal bypass lægges tilbage før nyretransplantation?		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Bjørn 2. Surname (Last Name) Richelsen 3. Date 16.12.2013

4. Are you the corresponding author? Yes No Corresponding Author's Name
Sigrid Bjerger Gribsholt

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
Region Midtjylland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	payment of a PhD-student

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