

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
19-December-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Jernmangelanæmi efter fedmekirurgi med gastrisk bypass - udredning og behandling

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Gribsholt has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Joan Bach

2. Surname (Last Name)

Nielsen

3. Date

19-December-2013

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Jernmangelanæmi efter fedmekirurgi med gastrisk bypass - udredning og behandling

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Nielsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Charlotte-Joséphine

2. Surname (Last Name)
Ström Melén

3. Date
17-December-2013

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Signe Bjerger Gribsholdt

5. Manuscript Title
Jernmangelanæmi efter fedmekirurgi med gastrisk bypass

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
Jernmangelanæmi efter fedmekirurgi i form af gastrisk bypass - udredning og behandling

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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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