

#### **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.

## Identifying information.

## 2. The work under consideration for publication.

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### 3. Relevant financial activities outside the submitted work.

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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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Section 1.	Identifying Inform	ation				
1. Given Name (Fii Inge Marie	rst Name)	2. Surname (Last Name) Poulsen		3. Date 13-Janua	ıry-2014	
4. Are you the corresponding author?		✓ Yes N	0			
•	5. Manuscript Title Reetablering af normal tarmanatomi efter Gastric bypass.					
6. Manuscript Identifying Number (if you know it)						
Section 2.	The Work Under Co	onsideration fo	r Publication			
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Section 4.	Intellectual Proper	tv Patents & (	Copyrights			
Do you have any	•		sued, broadly relevant to t	the work? Yes	✓ No	

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Section 5.				
Section 5.	Relationships not covered above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
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✓ No other relation	onships/conditions/circumstances that present a potential conflict of interest			
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Section 6.	Disclosure Statement			
Based on the abov below.	re disclosures, this form will automatically generate a disclosure statement, which will appear in the box			

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Section 1.	Identifying Inform	nation		
1. Given Name (Fi dorte lindqvist	rst Name)	2. Surname (Last Name) hansen	3. Date 15-January-2014	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name I M Poulsen	
5. Manuscript Title Reetablering af normal tarmanatomi efter Gastric bypa		ter Gastric bypass.		
6. Manuscript Ide	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	ation	
Did you or your institution <b>at any time</b> 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	ubmitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

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Section 6. Disclosure Statement
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Dr. hansen has nothing to disclose.

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patent



Section 1. Identifying Infor	mation	Designation of the last of the		.49
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4. Are you the corresponding author?	uthor? Yes No		Corresponding Author's Name I M Poulsen	
5. Manuscript Title Reetablering af normal tarmanatomi e	fter Gastric	bypass.		
6. Manuscript Identifying Number (if you k	(now it)			
Section 2. The Work Under C		51 15		
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Do you have any patents, whether plan	ned, pendi	ng or issued, br	oadly relevant to the work? Yes Vo	



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