

## ICMJJE 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.

#### 1. Identifying information.

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

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jacob

2. Surname (Last Name)  
Rosenberg

3. Date  
16-June-2014

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Niels Kildebro

5. Manuscript Title  
Mikropauser under kirurgi kan være til gavn for kirurger og patienter

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

### Section 3. Relevant financial activities outside the submitted 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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Baxter Healthcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Johnson & Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  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. Rosenberg reports grants from Baxter Healthcare, grants from Johnson & Johnson, grants and personal fees from Bard, personal fees from Merck, outside the submitted work; .

### Evaluation and Feedback

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1. Given Name (First Name)

Ismail

2. Surname (Last Name)

Gögenur

3. Date

16-June-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Niels Kildebro

5. Manuscript Title

Mikropauser under kirurgi kan være til gavn for kirurger og patienter

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Dr. Gögenur has nothing to disclose.

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1. Given Name (First Name)

Ilda

2. Surname (Last Name)

Amirian

3. Date

16-June-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Niels Kildebro

5. Manuscript Title

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### Section 1. Identifying Information

1. Given Name (First Name)  
Niels

2. Surname (Last Name)  
Kildebro

3. Date  
10-June-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Mikropauser under kirurgi kan være til gavn for kirurger og patienter

6. Manuscript Identifying Number (if you know it)

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BSc. Med. Kildebro has nothing to disclose.

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