

## 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.

#### 1. Identifying information.

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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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**Other:** Anything not covered under the previous three boxes

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

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
Andreas Slot

2. Surname (Last Name)  
Vilmann

3. Date  
10-July-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Endoskopisk ultralydvejledt plexus coeliakus neurolyse til smertepalliation ved cancer pancreatis

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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  No

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Are there any relevant conflicts of interest?  Yes  No

### 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. Vilmann 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)

Irina

2. Surname (Last Name)

Cherciu

3. Date

13-July-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Andreas Slot Vilmann

5. Manuscript Title

Endoskopisk ultralydvejledt plexus coeliakus neurolyse til smertepalliation ved cancer pancreatis

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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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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Dr. Cherciu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

John Gásdal

2. Surname (Last Name)

Karstensen

3. Date

14-July-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Andreas Slot Vilmann

5. Manuscript Title

Endoskopisk ultralydvejledt plexus coeliakus neurolyse til smertepalliation ved cancer pancreatis

6. Manuscript Identifying Number (if you know it)

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Dr. Karstensen has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) Peter      2. Surname (Last Name) Vilmann      3. Date 15-July-2014

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Andreas Slot Vilmann

5. Manuscript Title  
Endoskopisk ultralydvejledt plexus coeliakus neurolyse til smertepalliation ved cancer pancreatis

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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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
Medi-Globe GmbH, Germany	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medi-Globe needle sales

## 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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I am a consultant at a company selling EUS needles used for EUS guided coeliac plexus neurolysis (Medi-Globe)

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Dr. Vilmann reports personal fees from Medi-Globe GmbH, Germany, outside the submitted work; and I am a consultant at a company selling EUS needles used for EUS guided coeliac plexus neurolysis (Medi-Globe).

### Evaluation and Feedback

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