

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

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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)
Mads Svane

2. Surname (Last Name)
Liljekvist

3. Date
06-June-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Billeddannende undersøgelser ved akut opståede mavesmerter

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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Mr. Liljekvist has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Hans-Christian

2. Surname (Last Name)
Pommergaard

3. Date
06-June-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Mads Svane Liljekvist

5. Manuscript Title
Billeddannende undersøgelser ved akut opståede mavesmerter

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Pommergaard has nothing to disclose.

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1. Given Name (First Name)

Jakob

2. Surname (Last Name)

Burcharth

3. Date

06-June-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Mads Svane

5. Manuscript Title

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Jacob

2. Surname (Last Name)
Rosenberg

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08-June-2014

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Corresponding Author's Name
Mads Liljekvist

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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
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bard	<input 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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