



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lotte

2. Surname (Last Name)

Poulsen

3. Date

08-December-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Patient-reported outcome efter bariatrisk og postbariatrisk kirurgi - Status I Dk

6. Manuscript Identifying Number (if you know it)

-

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Dr. Poulsen 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) Kirsten 2. Surname (Last Name) Roeske 3. Date 9/12/14

4. Are you the corresponding author?  Yes  No

5. Manuscript Title Patient-reported outcome after postoperative knee

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Rose	3. Date 07-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lotte Poulsen
5. Manuscript Title Patient-reported outcome efter bariatrisk og postbariatrisk kirurgi – Status i Danmark		
6. Manuscript Identifying Number (if you know it)		

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Dr. Rose 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)

Vivi Tiphede

2. Surname (Last Name)

Bakholdt

3. Date

30-November-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Lotte Poulsen

5. Manuscript Title

Patient-reported outcome efter bariatrisk og postbariatrisk kirurgi- Status i Danmark

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Jens Ahm

2. Surname (Last Name)

Sørensen

3. Date

09-December-2014

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 Yes No

Corresponding Author's Name

Lotte Poulsen

5. Manuscript Title

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