

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Christian T

2. Surname (Last Name)

Bonde

3. Date

4. Are you the corresponding author?

Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

UFL-01-16-0072 - Mikrokirurgi I & UFL-01-16-0071II

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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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

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 5. Relationships not covered above

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Dr. Bonde has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lisa

2. Surname (Last Name)

Toft Jensen

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Christian T. Bonde

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)

Tina

2. Surname (Last Name)

Tos

3. Date

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Yes No

Corresponding Author's Name

Christian T. Bonde

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1. Given Name (First Name) 2. Surname (Last Name) 3. Date
Birgitte Kiil _____

4. Are you the corresponding author? Yes No Corresponding Author's Name
Christian T. Bonde

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Gete

2. Surname (Last Name)

Toft Eschen

3. Date

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Yes No

Corresponding Author's Name

Christian T. Bonde

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Dr. Toft Eschen has nothing to disclose.

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1. Given Name (First Name)
Søren Erik

2. Surname (Last Name)
Larsen

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christian T. Bonde

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)

Peter

2. Surname (Last Name)

Birkeland

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Christian T. Bonde

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1. Given Name (First Name)

Jens

2. Surname (Last Name)

Ahm Sørensen

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Christian T. Bonde

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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