

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.

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Section 1. Identifying Info	rmation	
 Given Name (First Name) Karen Oline Larsen Are you the corresponding author? 	2. Surname (Last Name) Langballe Yes ✓ No	3. Date 15-December-2016 Corresponding Author's Name
5. Manuscript Title Damage control kirurgi ved det sept		Nikolaj Nerup

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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✓ No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes 🗸 No

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Dr. Langballe has nothing to disclose.

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1. Given Name (Fi Nikolaj	rst Name)	2. Surname (Last Name) Nerup	3. Date 15-December-2016
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Damage control	e kirurgi ved det septi	ske abdomen	

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4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Na Nikolaj Nerup	me
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