

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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2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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

Jorsal 1



Section 1. Identifying Infor	mation					
1. Given Name (First Name) Tina	2. Surname (Last Name) Jorsal	3. Date 15-February-2017				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Filip Krag Knop				
5. Manuscript Title Gastrisk aspirationsbehandling til beh	andling af fedme - et nyt al	ternativ til bariatrisk kirurgi?				
6. Manuscript Identifying Number (if you	know it)					
Section 2. The Work Under 0	Consideration for Publi	cation				
, , , , , , , , , , , , , , , , , , , ,						
Section 3. Relevant financia	l activities outside the	submitted work.				
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Section 4. Intellectual Prope	erty Patents & Copyri	ghts				
Do you have any patents, whether pla	nned, pending or issued, b	roadly relevant to the work? Yes V No				

Jorsal 2



Section 5. Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Jorsal has nothing to disclose.

Evaluation and Feedback

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Jorsal 3



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Royalties: Funds are coming in to you or your institution due to your patent

Naver 1



Section 1. Identifying	J Information		
1. Given Name (First Name) Lars Peter Skat	2. Surname (Last Name) Naver		. Date 22-February-2017
4. Are you the corresponding aut	hor? Yes 🗸 No	Corresponding Author's Name	•
5. Manuscript Title Gastrisk aspirationsbehandling	g til behandling af fedme – et nyt a	alternativ til bariatrisk kirurgi?	
6. Manuscript Identifying Numbe	r (if you know it)		
		_	
Section 2. The Work l	Inder Consideration for Publ	ication	
	time receive payment or services from (including but not limited to grants, of sof interest? ☐ Yes ✓ No		
Section 3. Relevant fi	nancial activities outside the	submitted work.	
of compensation) with entities		Jse one line for each entity; add	d as many lines as you need by
Name of Entity	Grant? Personal No	on-Financial Other? Comm	nents
Astra Zeneca			
Section 4. Intellectua	l Property Patents & Copyr	ights	
Do you have any patents, when	ther planned, pending or issued, k	proadly relevant to the work?	☐ Yes ✓ No

Naver 2



Section 5.	Deletionships not serveyed above
_	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Employed in priv	rate hospital where the procedure is performed
On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Naver reports the procedure is	s personal fees from Astra Zeneca, outside the submitted work; and Employed in private hospital where performed.

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Naver 3



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Knop 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fii Filip Krag	rst Name)	2. Surname Knop	(Last Nar	ne)		3. Date 08-February-2017	
4. Are you the corresponding author? ✓ Yes							
5. Manuscript Title Gastrisk aspiratio	e onsbehandling til behar	ndling af fed	me – et r	nyt alternativ til b	ariatrisk ki	irurgi?	
6. Manuscript lder	ntifying Number (if you kn	ow it)					
Section 2.	The Work Under Co		fo D				
Did you or your ins					(governme	nt, commercial, private foundation, e	etc.) for
any aspect of the s statistical analysis,		but not limite	ed to gran	ts, data monitoring	g board, stu	dy design, manuscript preparation,	
Are there any rele	evant conflicts of intere	est? Ye	S ✓	No			
Section 3.	Relevant financial	activities o	outside 1	the submitted	work.		
of compensation) with entities as descri	bed in the ir	nstruction	ns. Use one line fo	or each en	al relationships (regardless of am tity; add as many lines as you nee 36 months prior to publicatior	ed by
	evant conflicts of intere			No			
ii yes, piease iiii c	out the appropriate info	ormation bei	ow.				
Name of Entity		Grant	ersonal Fees	Non-Financial Support?	Other?	Comments	
Amgen			✓				
AstraZeneca		✓	✓				
Boehringer Ingelheim	1		✓				
Eli Lilly			✓	✓			
MSD/Merck			✓				
Novo Nordisk			✓				
Sanofi		✓	✓				
Zealand Pharma		✓	✓				

Knop 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No
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Dr. Knop reports personal fees from Amgen, grants and personal fees from AstraZeneca, personal fees from Boehringer Ingelheim, personal fees and non-financial support from Eli Lilly, personal fees from MSD/Merck, personal fees from Novo Nordisk, grants and personal fees from Sanofi, grants and personal fees from Zealand Pharma, outside the submitted work; .

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Christensen 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Marie Møller	rst Name)	2. Surname (Last Name) Christensen	3. Date 08-February-2017		
4. Are you the cor	e corresponding author? Yes V		Corresponding Author's Name Filip Krag Knop		
5. Manuscript Title Gastrisk aspiratio		ndling af fedme – et nyt al	ternativ til bariatrisk kirurgi?		
6. Manuscript Ider	ntifying Number (if you kr	now it)			
			_		
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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 Vo					
Section 3.	Relevant financial	activities outside the s	submitted work.		
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	ı				
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Christensen 2



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Ms. Christensen has nothing to disclose.

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Christensen 3



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Vilsbøll 1



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Section 3. Relevant financial	activities outside the	submitted work.		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interest lf yes, please fill out the appropriate info	in the table to indicate wl ibed in the instructions. U port relationships that we est?	hether you have finan Use one line for each e	ntity; add as many lines as you need by	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interesting the conflicts of the confl	in the table to indicate wl ibed in the instructions. U port relationships that we est?	hether you have finand Ise one line for each e ere present during th	ntity; add as many lines as you need by	
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Yes, the following relationships/conditions/circumstances are present (explain below):	
✓ No other relationships/conditions/circumstances that present a potential conflict of interest	
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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 below.	e box
Dr. Vilsbøll reports personal fees and/or grants from Amgen, AstraZeneca, Boehringer Ingelheim, Eli Lilly, MSD, Novo Nordisk, Sanofi and Takeda, outside the submitted work; .	

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