

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)

Kim

2. Surname (Last Name)

Wildgaard

3. Date

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Rune Sarauw Lundsgaard

5. Manuscript Title

Lægers kirurgiske færdigheder målt ved brug af »Operation«-simulatoren

6. Manuscript Identifying Number (if you know it)

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Dr. Wildgaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Tobias Wirenfeldt

2. Surname (Last Name)

Klausen

3. Date

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Rune Sarauw Lundsgaard

5. Manuscript Title

Lægers kirurgiske færdigheder målt ved brug af »Operation«-simulatoren

6. Manuscript Identifying Number (if you know it)

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Dr. Klausen has nothing to disclose.

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1. Given Name (First Name)

Rune Sarauw

2. Surname (Last Name)

Lundsgaard

3. Date

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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

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Section 1. Identifying Information

1. Given Name (First Name)
Søren

2. Surname (Last Name)
Følsgaard

3. Date

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Rune Sarauw Lundsgaard

5. Manuscript Title

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Camilla Hasselbalch

2. Surname (Last Name)

Ryge

3. Date

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☐ Yes

☒ No

Corresponding Author's Name

Rune Sarauw Lundsgaard

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