

## 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)

Jakob Ohm

2. Surname (Last Name)

Oreskov

3. Date

09-March-2017

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Sparsom viden om patientrapporterede outcomes efter større akut abdominal kirurgi

6. Manuscript Identifying Number (if you know it)

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Dr. Oreskov 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)  
Sarah

2. Surname (Last Name)  
Ekeløf

3. Date  
09-March-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jakob Ohm Oreskov

5. Manuscript Title

Sparsom viden om patientrapporterede outcomes efter større akut abdominal kirurgi

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Dr. Ekeløf has nothing to disclose.

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1. Given Name (First Name)  
Jakob

2. Surname (Last Name)  
Burcharth

3. Date  
09-March-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jakob Ohm Oreskov

5. Manuscript Title  
Sparsom viden om patientrapporterede outcomes efter større akut abdominal kirurgi

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Gögenur

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Jakob Ohm Oreskov

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