

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Anne Estrup | 2. Surname (Last Name) Olesen | 3. Date 29-January-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Lone Nikolajsen |
| 5. Manuscript Title Morfin-afhængighed: En hyppig komplikation efter kirurgi? | | |
| 6. Manuscript Identifying Number (if you know it) 01-18-0083 | | |

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.)?

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Anne Estrup Olesen 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)

Alma B

2. Surname (Last Name)

Pedersen

3. Date

29-January-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lone Nikolajsen

5. Manuscript Title

Morfin-afhængighed: En hyppig komplikation efter kirurgi?

6. Manuscript Identifying Number (if you know it)

01-18-0083

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Dr. Pedersen 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)
Amalie

2. Surname (Last Name)
Simoni

3. Date
29-January-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Lone Nikolajsen

5. Manuscript Title
Morfin-afhængighed: En hyppig komplikation efter kirurgi?

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Dr. Simoni has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Christian Fynbo | 2. Surname (Last Name) Christiansen | 3. Date 29-January-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Lone Nikolajsen |
| 5. Manuscript Title Morfin-afhængighed: En hyppig komplikation efter kirurgi? | | |
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Dr. Christiansen has nothing to disclose.

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| | | |
|--|---|--|
| 1. Given Name (First Name) Peter | 2. Surname (Last Name) Uhrbrand | 3. Date 29-January-2018 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Lone Nikolajsen |
| 5. Manuscript Title Opioid-afhængighed: en hyppig komplikation til kirurgi? | | |
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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lone

2. Surname (Last Name)
Nikolajsen

3. Date
29-January-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Morfin-afhængighed: En hyppig komplikation efter kirurgi?

6. Manuscript Identifying Number (if you know it)
01-18-0083

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

Section 3. Relevant financial activities outside the submitted work.

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

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Nikolajsen has nothing to disclose.

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