

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.

Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

Relationships not covered above.

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

Ross Clemmesen 1



Section 1.	Identifying Inform	ation			
1. Given Name (First Name) Tobias Bastian		2. Surname (Last Name) Ross Clemmesen		3. Date 20-October-2017	
4. Are you the corresponding author?		✓ Yes	No		
5. Manuscript Title Galdesten tabt under laparoskopisk kolecystektomi kan medføre svære og langvarige komplikationer				olikationer	
6. Manuscript Identifying Number (if you know 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					
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Section 4.					
Section 4.	Intellectual Proper	ty Pate	ents & Copyrights		
Do you have any	patents, whether plan	ned, pendi	ing or issued, broadly relevant to the work	? Yes ✓ No	

Ross Clemmesen 2



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Dr. Ross Clemmesen has nothing to disclose.				

Evaluation and Feedback

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Ross Clemmesen 3



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Achiam 1



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Achiam 2



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Ross Pedersen 1



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