

ICMJJE 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jette Led

2. Surname (Last Name)

Sørensen

3. Date

19-December-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Cecilia Nilsson

5. Manuscript Title

Development and evaluation of a course in endoscopic surgery for medical students

6. Manuscript Identifying Number (if you know it)

-

Section 2. The Work Under Consideration for Publication

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Dr. Sørensen 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) Morten Willer	2. Surname (Last Name) Stadeager	3. Date 19-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cecilia Nilsson
5. Manuscript Title Development and evaluation of a course in endoscopic surgery for medical students		
6. Manuscript Identifying Number (if you know it) -		

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Dr. Stadeager 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) Flemming	2. Surname (Last Name) Bjerrum	3. Date 13-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cecilia Nilsson
5. Manuscript Title Development and evaluation of a course in endoscopic surgery for medical students		
6. Manuscript Identifying Number (if you know it) -		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Cecilia

2. Surname (Last Name)
Nilsson

3. Date
20-December-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Development and evaluation of a course in endoscopic surgery for medical students

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Bent	2. Surname (Last Name) Ottesen	3. Date 21-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cecilia Nilsson
5. Manuscript Title Development and evaluation of a course in endoscopic surgery for medical students		
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