

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Katarina

2. Surname (Last Name)

Levic

3. Date

18-January-2017

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Low incidence of perineal hernia repair after conventional abdominoperineal resection for rectal cancer.

6. Manuscript Identifying Number (if you know it)

### 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

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Dr. Levic has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kasper

2. Surname (Last Name)  
von Rosen

3. Date  
30-January-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Katarina Levic

5. Manuscript Title

Low incidence of perineal hernia repair after conventional abdominoperineal resection for rectal cancer. A 10-years nationwide follow-up study

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. von Rosen has nothing to disclose.

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Orhan

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Bulut

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30-January-2017

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Yes  No

Corresponding Author's Name

Katarina Levic

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### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Thue  | 2. Surname (Last Name)<br>Bisgaard                                  | 3. Date<br>03-February-2017                   |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Katarina levic |
| 5. Manuscript Title<br>Low incidence of perineal hernia repair after abdominoperineal resection for rectal cancer |   |   |
| 6. Manuscript Identifying Number (if you know it)   |   |   |

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Dr. Bisgaard has nothing to disclose.

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