

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Martin Risom	2. Surname (Last Name) Vestergaard	3. Date 11-January-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ida Helsø
5. Manuscript Title Anaesthesia in patients undergoing esophago-gastroscopy for suspected gastro-intestinal bleeding		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Vestergaard 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) Nicolai Bang	2. Surname (Last Name) Foss	3. Date 10-January-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ida Helsø
5. Manuscript Title Anaesthesia in patients undergoing esophago-gastroscopy for suspected gastro-intestinal bleeding		
6. Manuscript Identifying Number (if you know it) 		

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Section 1. Identifying Information

1. Given Name (First Name) steffen	2. Surname (Last Name) rosenstock	3. Date 03-January-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ida Helsø
5. Manuscript Title ANaesthesia in patients undergoing esophago-gastroscopy for suspected gastro-intestinal bleeding		
6. Manuscript Identifying Number (if you know it) 		

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Dr. rosenstock has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Therese Risom

2. Surname (Last Name)
Vestergaard

3. Date
11-January-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Ida Helsø

5. Manuscript Title
Anaesthesia in patients undergoing esophago-gastroscopy for suspected gastro-intestinal bleeding

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Morten Hylander

2. Surname (Last Name)

Møller

3. Date

03-January-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ida Helsø

5. Manuscript Title

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nicolai	2. Surname (Last Name) Lohse	3. Date 09-January-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ida Helsø
5. Manuscript Title Anaesthesia in patients undergoing esophago-gastroscopy for suspected gastro-intestinal bleeding		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6.

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Dr. Lohse has nothing to disclose.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Section 1. Identifying Information

1. Given Name (First Name)

Lars Hyldborg

2. Surname (Last Name)

Lundstrøm

3. Date

04-January-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ida Helsø

5. Manuscript Title

Anaesthesia in patients undergoing esophago-gastroscopy for suspected gastro-intestinal bleeding

6. Manuscript Identifying Number (if you know it)

not known

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☒ No

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☒ No

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Section 1. Identifying Information

1. Given Name (First Name)
Ida

2. Surname (Last Name)
Helsø

3. Date
29-December-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Anaesthesia in patients undergoing esophago-gastroscopy for suspected gastro-intestinal bleeding

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Karner's Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Helsø reports grants from Karner's Foundation, during the conduct of the study; .

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