

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Anders Peter

2. Surname (Last Name)
Skovsen

3. Date
28-September-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Dødeligheden ved akut laparotomi kan reduceres

6. Manuscript Identifying Number (if you know it)
UFL-09-17-0639

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Skovsen 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)

Jakob

2. Surname (Last Name)

Burcharth

3. Date

05-October-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Anders Peter Gerholt Skovsen

5. Manuscript Title

Dødeligheden efter akut laparotomi kan reduceres

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Mai-Britt	2. Surname (Last Name) Tolstrup	3. Date 30-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anders Peter Gerholt Skovsen
5. Manuscript Title Dødeligheden efter akut laparotomi kan reduceres		
6. Manuscript Identifying Number (if you know it)		

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Ismail

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Gögenur

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29-September-2017

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Corresponding Author's Name

Anders Peter Gerholt Skovsen

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