

#### Instructions

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Licensed: The patent has been licensed to an entity, whether

earning royalties or not

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

patent

Oturai



Section 1.	Identifying Inforn	nation			11- 60-0)	a Hall
1. Given Name ( Peter	First Name)	2. Surnan Oturai	ne (Last Name)		3. Date 02-September-2	2013
4. Are you the co	orresponding author?	Yes	✓ No	Corresponding Author Ida Felbo Paulsen	's Name	
5. Manuscript Ti Outcome in pa	tle tients with locally advan	ced melano	oma, treated w	ith hyperthermic isolate	ed limb perfusion.	100
6. Manuscript ld UFL-06-13-038	entifying Number (if yau kn 0	now it)				
Section 2.		10.00				
Did you or your in any aspect of the statistical analysis	The Work Under Constitution at any time receil submitted work (Including s, etc.)?	ve payment but not limi	or services from	a third party (governmen	t, commercial, private fo dy design, manuscript pr	oundation, etc.) for reparation,
Section 3.	Relevant financial a	activities	outside the s	ubmitted work.		
of compensatio clicking the "Ad	the appropriate boxes in n) with entities as descrii d +" box. You should rep levant conflicts of intere	bed in the i ort relation	nstructions. Us	e one line for each enti	ty; add as many lines a	as you need by
Section 4.	Intellectual Propert	iy Pater	nts & Copyrig	hts	11 (100)	Service Control
Do you have any	patents, whether plann	ed, pendin	g or issued, bro	oadly relevant to the wo	ork? Yes V	lo



Section 5.	Relationships not covered above
	r relationships or activities that readers could perceive to have influenced, or that give the appearance of uencing, what you wrote in the submitted work?
Yes, the fol	lowing relationships/conditions/circumstances are present (explain below):
✓ No other re	elationships/conditions/circumstances that present a potential conflict of interest
	manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements ournals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Dr. Oturai has r	nothing to disclose.
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Royalties: Funds are coming in to you or your institution due to your patent

Chakera 1



Section 1. Identifying Info	ormation				
Given Name (First Name)     Annette Hougaard	2. Surname (Last Name) Chakera	3. Date 13-June-2013			
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Ida Felbo Paulsen			
5. Manuscript Title Outcome in patients with locally adv	/anced melanoma, treated wi	ith hyperthermic isolated limb perfusion.			
6. Manuscript Identifying Number (if yo UFL-06-13-0380	u know it)				
		_			
Section 2. The Work Unde	r Consideration for Public	cation			
Did you or your institution <b>at any time</b> 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					
Section 3. Polyment Green	tala atata a a a a a a a a a	and an estate and according			
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4. Intellectual Pro	perty Patents & Copyric	ahts			
Do you have any patents, whether p					

Chakera 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Chakera 3



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

Schmidt 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Grethe	rst Name)	Surname (Last Name)     Schmidt	3. Date 19-September-2013		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Ida Felbo Paulsen		
5. Manuscript Title Tumour respons		olated limb perfusion for l	ocally advanced melanoma		
6. Manuscript Ider	ntifying Number (if you kr	now it)			
			_		
Section 2.	The Work Under Co	onsideration for Public	cation		
Did you or your institution <b>at any time</b> 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					
Section 3.	Relevant financial	activities outside the s	submitted work.		
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Section 4.	Intellectual Prope	rty Patents & Copyric	ghts		
Do you have any			oadly relevant to the work? Yes V No		

Schmidt 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Schmidt has nothing to disclose.

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Mortensen



Section 1. Identifying Info	rmation	THE PERSON NAMED IN COLUMN
Given Name (First Name)  Jann	Surname (Last Name)     Mortensen	3. Date 01-September-2013
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Ida Felbo Paulsen
Manuscript Title     Outcome in patients with locally adv.	anced melanoma, treated w	ith hyperthermic isolated limb perfusion.
Manuscript Identifying Number (if you UFL-06-13-0380	knowit)	
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Did you or your lectitution of any time of	eceive payment or services from lng but not limited to grants, d	a a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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of componention) with antition at des	report relationships that we	nether you have financial relationships (regardless of amount lise one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.
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Do you have any patents, whether pl	lanned, pending or issued, b	roadly relevant to the work? Yes No



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Hesse 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Birger	rst Name)	2. Surname (Last Name) Hesse		s. Date 06-December-2013	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Ida Felbo Paulsen		
5. Manuscript Title Outcome in patie		ced melanoma, treated wi	th hyperthermic isolated limb	o perfusion.	
6. Manuscript Ider UFL-06-13-0380	ntifying Number (if you kr	now it)			
			_		
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes 🗸 No	

Hesse 2



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Hesse 3



Section 1. Identifying In	formation				
1. Given Name (First Name) IDA FELBO	2. Surname	VLSEW	2000	3. Effective Date (07-A)	ugust-2008)
4. Are you the corresponding author?	Lyes	No	Bu	Telle Re	lse
5. Manuscript Title Outcome in p	iatients	with lo	cattly adva	ned melan	oma,
6. Manuscript Identifying Number (if y	ou know it)	treated w	perfusion	thermic iso	lated Li
Section 2. The Work Under	er Consideratio	n for Publicatio	n Z	""。 火 藻类	1
Did you or your institution at any the (including but not limited to grants	me receive payme i, data monitoring	ent or services from board, study desi	n a third party for any gn, manuscript prepar	aspect of the submitte ation, statistical analys	d work is, etc)?
Complete each row by checking "N "Add" button to add a row. Excess	o" or providing th rows can be remo	e requested inform wed by clicking the	nation. If you have me "X" button.	ore than one relations!	nip click the
The Work Under Consideration					100
Type	No Paid	y Money to Your u Institution	Name of Entity	. Comments**	
T. Grant	Ų o				ADD
2. Consulting fee or honorarium	Ď D				PAGE
Support for travel to meetings for the study or other purposes					×
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	Ø O				ADD
<ol> <li>Payment for writing or reviewing the manuscript</li> </ol>	<b>R</b> 0	, 🗆 -			× ADD
Provision of writing assistance, medicines, equipment, or administrative support	<b>D</b> D				



The Work (	Under Consideration for Publication		
	Money Type No Paid to You	Money to Your Name of Institution	(Entity Comments)
7. Other			/AGD /
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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested Information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outs	ide th	e submit	tted work			†
Type of Relationship (in alphabetical order)	Na	Money Paid to You	Money to Your Institution	Entity		Comments
1. Board membership	Ľ.				THE RESERVE OF THE PARTY OF THE	X.
2. Consultancy	Ø	<b>%</b> П				77130
3. Employment	Ø.					AOD
4. Expert testimony	Ø.	÷0				74515
5. Grants/grants pending	図					24018
Payment for lectures including service on speakers bureaus	Q					
7. Payment for manuscript preparation	Q.					- 800

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial acti		THE RESERVE	The same and the same of		The same of the	TAKE DESCRIPTION
Type of Relationshi	p (in bio	Paid to	Money to	Entity	Comments	
THE RESERVE		You	Institution			
8. Patents (planned, pend	ding or		1000			Apple
issued)						
		r w sa				100
9, Royaltles	Ø.		→, <u> </u>			
10. Payment for developm	one of	444				5.1012
educational presentati	ons					
						SALE E
1. Stock/stock options						S. C.
Travel/accommodation	101					ADD
meeting expenses unre	elated to					
activities listed**	127 T		Option of			Service Control
3. Other (err on the side o	ffull 0	- 1 T				
disclosure)	4	J.				10.
· the Vertical Control of the Contro	4.104					ADD
*This means money that you **For example, if you report a	consultancy above	a for your efforther there is no n	orts. need to report travel	related to that consu	Itancy on this line.	

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked No

4



#### 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.

## 1. Identifying information.

## The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes."

## Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer. In general, not just in the area of EGFR or lung cancer.

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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## Intellectual Property.

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

## Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honorata, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc. Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been Issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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



Section 1. Identifying Info	rmation
1. Given Name (First Name) KRZYSZTOF	2. Surname (Last Name)  3. Date 4/9 13
4. Are you the corresponding author?	Yes No Corresponding Author's Name
Manuscript Title     Outcome in patients with locally adv	anced melanoma, treated with hyperthermic isolated limb perfusion.
<ol> <li>Manuscript Identifying Number (if you UFL-06-13-0380</li> </ol>	know it)
Section 2. The Work Under	Consideration for Publication
Did you or your institution at any time re any aspect of the submitted work [includ statistical analysis, etc.]? Are there any relevant conflicts of int	eceive payment or services from a third party (government, commercial, private foundation, etc.) for ling but not limited to grants, data monitoring board, study design, manuscript preparation, terest?
Section 3. Relevant financi	ial activities outside the submitted work.
of compensation) with entitles as de-	es in the table to Indicate whether you have financial relationships (regardless of amount scribed in the Instructions. Use one line for each entity; add as many lines as you need by report relationships that were present during the 36 months prior to publication. terest? Yes No
Section 4. Intellectual Prop	perty Patents & Copyrights
Do you have any patents, whether p	lanned, pending or issued, broadly relevant to the work? Yes



Section 5.	Relationships not covered above
Are there other potentially influ	relationships or activities that readers could perceive to have influenced, or that give the appearance of sencing, what you wrote in the submitted work?
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Section 6.	Disclosure Statement
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Section 1. Id	lentifying Informa	ation		
Given Name (First N Helle	lame)	2. Surname (Last Name) Klyver		3. Date 13-June-2013
4. Are you the correspond	onding author?	Yes 🗸 No	Corresponding Author's Nam Ida Felbo Paulsen	e
5. Manuscript Title Outcome in patients	with locally advance	ed melanoma, treated w	th hyperthermic isolated lim	b perfusion.
6. Manuscript Identifyi UFL-06-13-0380	ng Number (if you kno	w it)		
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any aspect of the subm statistical analysis, etc.)	itted work (including b ?	ut not limited to grants, da	a third party (government, come ta monitoring board, study design	mercial, private foundation, etc.) for gn, manuscript preparation,
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Do you have any pate	ents, whether planne	ed, pending or issued, br	oadly relevant to the work?	Yes V No



Section 5.	Relationships not covered	above		
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Section 6.	Disclosure Statement			
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Dr. Klyver has no	othing to disclose.	THE STATE SHOWS ASSUMED	e in de le sor	#
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Section 1. Identifying Inform	nation		
Given Name (First Name)  Jennifer Berg	Z. Surname (Last Name) Drejøe	3. Date 13-June-2013	
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Ida Felbo Paulsen	
5. Manuscript Title Outcome in patients with locally advan	ced melanoma, treated w	ith hyperthermic isolated limb perfusion.	
Manuscript Identifying Number (if you kn UFL-06-13-0380	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time recei	ive payment or services from but not limited to grants, da	a third party (government, commercial, private foundation, etc.) at a monitoring board, study design, manuscript preparation,	for
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of compensation) with entities as descri	bed in the instructions. Us port relationships that wen	ether you have financial relationships (regardless of amous se one line for each entity; add as many lines as you need b se present during the 36 months prior to publication.	nt iy
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Do you have any patents, whether plant	ned, pending or issued, bro	oadly relevant to the work? Yes No	



Section 5. Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 1. Identifying Inf	ormation			
Given Name (First Name) Karin	2. Surnan Dahlstrø	ne (Last Name) m	A 25-55	3. Date 21-June-2013
4. Are you the corresponding author?	Yes	✓ No	Corresponding Author's Nan Ida Felbo Paulsen	ne
Manuscript Title     Outcome in patients with locally ac	ivanced melan	oma, treated w	ith hyperthermic isolated Ilm	nb perfusion.
Manuscript Identifying Number (If your UFL-06-13-0380)	ou know it)			
Section 2. The Work Unde	or Cancidata	tion for Rubli	cation	
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of compensation) with entities as d clicking the "Add +" box. You shoul Are there any relevant conflicts of in	escribed in the d report relatio	instructions. U	se one line for each entity; as	dd as many lines as you need by
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Yes, the follo	owing relationships/conditions/circumsta	ances are present	(explain be	low):		
✓ No other rel	ationships/conditions/circumstances tha	t present a poten	tial conflict	of interest		
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Dr. Dahlstrøm	has nothing to disclose.		10001	8		ŀ
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3