

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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4. Intellectual Property.

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

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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) Jacob 2. Surname (Last Name) Rosenberg 3. Date 02-January-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name
Mette W. Christoffersen

5. Manuscript Title
The effect of intracorporally closure of the hernia gap on early pain after laparoscopic umbilical or epigastric hernia repair: Protocol for a randomized, controlled, double blinded trial.

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No
If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Baxter Healthcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Johnson & Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bard	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rosenberg reports grants from Baxter Healthcare, grants from Johnson & Johnson, grants from Bard, personal fees from Bard, personal fees from Merck, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Thue

2. Surname (Last Name)
Bisgaard

3. Date
02-January-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mette W. Christoffersen

5. Manuscript Title

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Dr. Bisgaard has nothing to disclose.

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1. Given Name (First Name)
Mette Willaume

2. Surname (Last Name)
Christoffersen

3. Date
02-January-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title

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Mikkel

2. Surname (Last Name)

Westen

3. Date

07-January-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Mette W. Christoffersen

5. Manuscript Title

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