

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. 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".

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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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**Other:** Anything not covered under the previous three boxes

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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) Henrik H      2. Surname (Last Name) Lund      3. Date 25-June-2014

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name søren Kjær

5. Manuscript Title Preliminary experiences with transanal hemorrhoidal dearterialisation

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

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                |
|-----------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------|
| Sacomed                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | educational 1 days stay |

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Are there any relevant conflicts of interest?     Yes     No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No

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Dr. Lund reports non-financial support from Scanmed, during the conduct of the study.

### 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)  
Svend

2. Surname (Last Name)  
Schulze

3. Date  
28-July-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Søren Kjær

5. Manuscript Title  
Preliminary experiences with transanal hemorrhoidal dearterialisation

6. Manuscript Identifying Number (if you know it)

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Dr. Schulze has nothing to disclose.

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1. Given Name (First Name) Søren      2. Surname (Last Name) Kjær      3. Date 25-June-2014

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Preliminary experiences with transanal hemorrhoidal dearterialisation

6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

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1. Given Name (First Name) Thue      2. Surname (Last Name) Bisgaard      3. Date 25-June-2014

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
søren Kjær

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If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments |
|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| Bard           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Ethicon        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Covidien       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Lifecell       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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Dr. Bisgaard reports personal fees from Bard, grants from Ethicon, grants from Covidien, personal fees from Lifecell, outside the submitted work; .

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