



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jeppe Thue 2. Surname (Last Name) Jensen 3. Effective Date (07-August-2008) 15-September-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Moderate and Deep Nurse Administered Propofol Sedation for 7364 Gastroenterologic Endoscopies. A safety evaluation.

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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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.

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arvid Nilssons Foundation	Research Fellow Salary	X
						ADD

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

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.

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Section 4. Other relationships

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Lars
2. Surname (Last Name)
Konge
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Corresponding Author's Name
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Ann Merete
2. Surname (Last Name)
Møller
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