

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Suzanne

2. Surname (Last Name)

Herling

3. Date

30-September-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Robotic assisted laparoscopic hysterectomy for early stage endometrial cancer and atypical complex hyperplasia

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Herling has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Maria Cecilie

2. Surname (Last Name)

Havemann

3. Date

07-October-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Suzanne Forsyth Herling

5. Manuscript Title

Robotic assisted laparoscopic hysterectomy for early stage endometrial cancer and atypical complex hyperplasia

6. Manuscript Identifying Number (if you know it)

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Dr. Havemann has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Thordis

2. Surname (Last Name)

Thomsen

3. Date

30-September-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Suzanne Forsyth Herling

5. Manuscript Title

Robotic assisted laparoscopic hysterectomy for early stage endometrial cancer and atypical complex hyperplasia

6. Manuscript Identifying Number (if you know it)

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Dr. Thomsen has nothing to disclose.

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Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Connie | 2. Surname (Last Name) Palle | 3. Date 25-September-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Suzanne Herling |
| 5. Manuscript Title Robotic assisted laparoscopic hysterectomy for early stage endometrial cancer and atypical complex hyperplasia | | |
| 6. Manuscript Identifying Number (if you know it) _____ | | |

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Section 1. Identifying Information

| | | |
|---|---|--------------------------------------|
| 1. Given Name (First Name) Ann Merete | 2. Surname (Last Name) Møller | 3. Date 21-January-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name _____ |
| 5. Manuscript Title Robotic assisted laparoscopic hysterectomy for early stage endometrial cancer and atypical complex hyperplasia | _____ | |
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