

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.

1. Identifying information.

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4. Intellectual Property.

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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) Sofie 2. Surname (Last Name) Tind 3. Date 29-May-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Acute Appendicitis: the influence of C-reactive protein and leucocytes on clinical decision-making

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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
Danish Council for Independent Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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. Tind reports grants from Danish Council for Independent Research , 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) Niels	2. Surname (Last Name) Qvist	3. Date 23-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sofie Tind
5. Manuscript Title Acute Appendicitis: the influence of C-reactive protein and leucocytes on clinical decision-making		
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

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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. Niels has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Erik

2. Surname (Last Name)
Zimmerman-Nielsen

3. Date
29-June-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Sofie Tind

5. Manuscript Title

Acute Appendicitis: the influence of C-reactive protein and leucocytes on clinical decision-making

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Dr. Zimmerman-Nielsen 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) Annmarie Touborg 2. Surname (Last Name) Lassen 3. Date 29-June-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name Sofie Tind

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The Philanthropic Tryg Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was during that period supported by a unrestricted grant from the philanthropic TRYG Foundation given to University of Southern Denmark

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