

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Søren	2. Surname (Last Name) Mikkelsen	3. Date 10-October-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anne Craveiro Brøchner
5. Manuscript Title The immune status following extensive surgery in advanced ovarian cancer		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Mikkelsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Anne Craveiro

2. Surname (Last Name)

Brøchner

3. Date

18-October-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

The immune status following extensive surgery in advanced ovarian cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Brøchner has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Marianne

2. Surname (Last Name)
Hokland

3. Date
22-August-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Anne Brøchner

5. Manuscript Title
The immune status following extensive surgery in advanced ovarian cancer

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Palle

2. Surname (Last Name)
Toft

3. Date
24-August-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Anne C brøchner

5. Manuscript Title
The immune status following extensive surgery...

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Ole	2. Surname (Last Name) Mogensen	3. Date 18-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anne Brochner
5. Manuscript Title The Immune Status Following Extensive Surgery In Advanced Ovarian Cancer		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)
lørn

2. Surname (Last Name)
Hegelund

3. Date
27-September-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Anne Brøchner

5. Manuscript Title
The immune status following extensive surgery in advanced ovarian cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Hegelund has nothing to disclose.

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