

## 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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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Soren S.

2. Surname (Last Name)

Larsen

3. Date

28-January-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Lars Lang Lehrskov

5. Manuscript Title

Fluorescence vs X-ray cholangiography during laparoscopic cholecystectomy: a randomized trial

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

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

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Dr. Larsen has nothing to disclose.

### 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)

Lars Lang

2. Surname (Last Name)

Lehrskov

3. Date

27-January-2016

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Fluorescence vs X-ray cholangiography during laparoscopic cholecystectomy: a randomized trial

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Lehrskov has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Billy B.

2. Surname (Last Name)  
Kristensen

3. Date  
28-January-2016

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Lars Lang Lehrskov

5. Manuscript Title  
Fluorescence vs X-ray cholangiography during laparoscopic cholecystectomy: a randomized trial

6. Manuscript Identifying Number (if you know it)  
na

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Dr. Kristensen 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) Thue	2. Surname (Last Name) Bisgaard	3. Date 27-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lars Lang Lehrskov
5. Manuscript Title Fluorescence vs X-ray cholangiography during laparoscopic cholecystectomy: a randomized trial		
6. Manuscript Identifying Number (if you know it) na		

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Dr. Bisgaard has nothing to disclose.

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