

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.

2. The work under consideration for publication.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Hans-Christian

2. Surname (Last Name)

Pommergaard

3. Date

18-January-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Jakob Burcharth

5. Manuscript Title

Cumulative incidence and registry validation of groin hernia repair in a 34-year nationwide cohort

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Pommergaard has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Mads Svane	2. Surname (Last Name) Liljekvist	3. Date 18-January-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jakob Burcharth
5. Manuscript Title Cumulative incidence and registry validation of groin hernia repair in a 34-year nationwide cohort		
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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Dr. Liljekvist has nothing to disclose.

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1. Given Name (First Name) Jacob	2. Surname (Last Name) Rosenberg	3. Date 18-January-2016
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Johnson & Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Rosenberg reports grants from Johnson & Johnson, grants and personal fees from Bard, personal fees from Merck, outside the submitted work; .

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Jakob

2. Surname (Last Name)
Burcharth

3. Date
18-January-2016

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