

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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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1. Given Name (First Name) 2. Surname (Last Name) 3. Effective Date (07-August-2008)
 Christen Kirk Axelsson 10-March-2012

4. Are you the corresponding author? Yes No

5. Manuscript Title
 Does local injection of Methylprednisolonacetat prevent seroma formation after mastectomy ? Does subclinical bacterial growth in the mastectomy cavity play a role in seroma formation ? Can urine dip stix detect postmastectomy infections ?
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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunlight Stop Inc	Provided grant for the study	X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunlight Stop Inc	Payment for attending investigator's meeting	X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunlight Stop Inc	Payment for travel and hotel to attend investigator's meeting	X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunlight Stop Inc	Payment for preparing first draft of manuscript submitted	X
						ADD

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6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunlight Stop Inc	Received a laptop computer with software to prepare manuscript	<input type="checkbox"/>
						ADD
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunlight Stop Inc	Attended media training session for press coverage of released study results at Sunlight Stop's expense	<input type="checkbox"/>
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1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lily Pads Unlimited	Serve on Steering Committee for grants given to people at our medical school underwritten by Lily Pads Unlimited.	<input type="checkbox"/>
						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Croak Inc	Ad hoc advisor	<input type="checkbox"/>
						ADD

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3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lily Pads Unlimited	A fraction of my total compensation-paid though Frog University derives from my working for Lily Pads in their on-site laboratory	×
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Miss Piggy Products	I was an expert witness on behalf of Miss Piggy Products. I argued that pink is no better than green.	×
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frogs vs. Snakes	Served as an expert witness against Severus Snake in a premature death lawsuit. Paid by defendants lawyers	×
						ADD
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Safety Pharma	Pending grant to study the impact of water pH on skin slime	×
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Croak, Inc.	Ongoing grant to study female frog mating calls. We are one of 20 centers in a multi-center trial	×
						ADD
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Croak, Inc.	Received fees for speaking groups of other frogs about Rivet's products. These are separate from my consulting fees noted above.	×
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD

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8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	US Patent issued 12344	Patent on a method to entice beautiful women to kiss the holder of a special charm-No licensee yet and no money received.	×
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	US Patent Pending 4567890	Patent on a method to use chemical to lure female frogs	×
ADD						
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	True Green Pharma	Royalties on issued patent 12344. \$1 million received split 75% to institution and 25% to me	×
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	US Patent 11223345	Receive royalty payments from Micky amounting to 10% of gross sales with this split between my institution and me 75%-25%. Patent expires in 2015.	×
ADD						
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rivet, Inc.	Rivet and Frog University co-develop educational products for the general public. These products are aimed at young women and help them distinguish toads from true princes disguised as frogs. Rivet sells such products.	×
ADD						
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	True Green Pharma	Unexercised options at \$1/share for 100,000 shares of True Blue Common Stock. Stock now sells on the NASDAQ for \$1.15	×
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tadpole, Inc.	I own options on 10,000 shares of Tadpole stock, currently valued at \$0.01 each. Stock is privately held and not publicly traded.	×
ADD						

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12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunlight Stop Inc.	Travel grants to the two major frog meetings a year (one in US and one in Europe) for the past 5 years. Business class air travel, meals and a 5 star hotel.	✕
ADD						
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frog Nation	My institution receives payments of \$1000 each time Frog Nation uses my picture in any public format.	✕
ADD						

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 Charlotte Lanng 12-March-2012

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Minea Bruusgaard 2. Surname (Last Name) Mortensen 3. Effective Date (07-August-2008) 12-March-2012

4. Are you the corresponding author? Yes No Corresponding Author's Name
CK Axelsson

5. Manuscript Title
Does local administration of Methylprednisolonacetat prevent seroma formation after mastectomy? Does subclinical bacterial growth in the mastectomy cavity play a role in seroma formation? Can urine dip stix (leukocyte esterase and nitrite)

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Birgitte 2. Surname (Last Name) Wegeberg 3. Effective Date (07-August-2008) 08-March-2012

4. Are you the corresponding author? Yes No Corresponding Author's Name
CK Axelsson

5. Manuscript Title
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Magnus
2. Surname (Last Name)
Arpe
3. Effective Date (07-August-2008)
08-March-2012
4. Are you the corresponding author? Yes No Corresponding Author's Name
CK Axelsson
5. Manuscript Title
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1. Given Name (First Name) Marianne 2. Surname (Last Name) Lingskov 3. Effective Date (07-August-2008) 02-March-2012

4. Are you the corresponding author? Yes No Corresponding Author's Name
CK Axelsson

5. Manuscript Title
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Mette Stub
2. Surname (Last Name)
Puglich
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Corresponding Author's Name
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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mette 2. Surname (Last Name) Okholm 3. Effective Date (07-August-2008) 02-March-2012

4. Are you the corresponding author? Yes No Corresponding Author's Name
CK Axelsson

5. Manuscript Title
Does local administration of Methylprednisolonacetat prevent seroma formation after mastectomy? Does subclinical bacterial growth in the mastectomy cavity play a role in seroma formation? Can urine dip stix (leukocyte esterase and nitrite)

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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
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* This means money that your institution received for your efforts on this study.

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities outside the submitted work



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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

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