

Instructions

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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.

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4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



| Section 1. | ldentifying Infor | mation | |
|---|-------------------------|--|--|
| 1. Given Name (Fi Erik | rst Name) | 2. Surname (Last Name) Brandt | 3. Effective Date (07-August-2008) 25-November-2012 |
| 4. Are you the cor | responding author? | ✓ Yes No | |
| 5. Manuscript Title Laparoscopic col | | charge within 24-hours: Is it possible ? | |
| 6. Manuscript Ider | ntifying 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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| The Work Under Consideration | for Pub | lication | | | | |
|--|----------|-------------------------|----------------------------------|----------------|------------|-----|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 1. Grant | ✓ | | | | | × |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | ✓ | | | | | × |
| | | | | | | ADD |
| Support for travel to meetings for the study or other purposes | ✓ | | | | | × |
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| Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | V | | | | | × |
| | | | | | | ADD |
| Payment for writing or reviewing the manuscript | ✓ | | | | | × |
| | | | | | | ADD |
| Provision of writing assistance, medicines, equipment, or administrative support | ✓ | | | | | × |



| The Work Under Consideration for Publication | | | | | | | | |
|--|----------|-------------------------|----------------------------------|----------------|------------|-----|--|--|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | | | |
| | | | | | | ADD | | |
| 7. Other | ✓ | | | | | × | | |
| | | | | | | ADD | | |

Section 3. Relevant financial activities outside the submitted work.

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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| Relevant financial activities outside the submitted work | | | | | | | | |
|--|----------|-------------------------|----------------------------------|--------|----------|-----|--|--|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | | | |
| 1. Board membership | ✓ | | | | | × | | |
| | | | | | | ADD | | |
| 2. Consultancy | ✓ | | | | | × | | |
| | | | | | | ADD | | |
| 3. Employment | ✓ | | | | | × | | |
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| 4. Expert testimony | ✓ | | | | | × | | |
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| 5. Grants/grants pending | ✓ | | | | | × | | |
| | | | | | | ADD | | |
| Payment for lectures including service on speakers bureaus | ✓ | | | | | × | | |
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| Payment for manuscript preparation | ✓ | | | | | × | | |

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



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| Patents (planned, pending or issued) | ✓ | | | | | × |
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| 9. Royalties | ✓ | | | | | × |
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| Payment for development of educational presentations | ✓ | | | | | × |
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| 11. Stock/stock options | ✓ | | | | | × |
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| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | ✓ | | | | | × |
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| 13. Other (err on the side of full disclosure) | ✓ | | | | | × |
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| Section 4. Other relationsh | nips | | | | | |
| Are there other relationships or activity potentially influencing, what you wro | | | | to have influenced, or th | at give the appearance of | |
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

Yes, the following relationships/conditions/circumstances are present (explain below):

SAVE



Evaluation and Feedback

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The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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|---------------------------------------|-------------------------|---------------------------------|--|--|
| 1. Given Name (Fi Jakob | irst Name) | 2. Surname (Last Name) Lykke | | 3. Effective Date (07-August-2008) 14-December-2012 |
| 4. Are you the co | responding author? | Yes Vo | Corresponding Author's Na Erik Brandt | me |
| 5. Manuscript Titl Laparoscopic co | | charge within 24-hours: Is | it possible ? | |
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| The Work Under Consideration | for Publ | lication | | | | |
|--|----------|-------------------------|----------------------------------|----------------|------------|-----|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 1. Grant | ✓ | | | | | × |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | ✓ | | | | | × |
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| Support for travel to meetings for the study or other purposes | ✓ | | | | | × |
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| | | | | | | ADD |
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| Provision of writing assistance, medicines, equipment, or administrative support | ✓ | | | | | × |



| The Work Under Consideration for Publication | | | | | | | | |
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| | Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | | |
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| 7. Other | | ✓ | | | | | × | |
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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | | | |
| 1. Board membership | ✓ | | | | | × | | |
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4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



| Section 1. | ldentifying Infor | mation | | |
|--|-------------------------|--------------------------------|--|--|
| 1. Given Name (Fi Per | rst Name) | 2. Surname (Last Name) Jess | | 3. Effective Date (07-August-2008) 23-November-2012 |
| 4. Are you the cor | responding author? | Yes 🗸 No | Corresponding Author's Na Erik Brandt | me |
| 5. Manuscript Title Laparoscopic co | | charge within 24-hours: Is i | t possible ? | |
| 6. Manuscript Ide | ntifying 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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| The Work Under Consideration | for Pub | lication | | | | |
|--|----------|-------------------------|----------------------------------|----------------|------------|-----|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 1. Grant | ✓ | | | | | × |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | ✓ | | | | | × |
| | | | | | | ADD |
| Support for travel to meetings for the study or other purposes | ✓ | | | | | × |
| | | | | | | ADD |
| Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | ✓ | | | | | × |
| | | | | | | ADD |
| Payment for writing or reviewing the manuscript | ✓ | | | | | × |
| | | | | | | ADD |
| Provision of writing assistance, medicines, equipment, or administrative support | ✓ | | | | | × |



| The Work Under Consideration for Publication | | | | | | | | | | |
|--|----------|-------------------------|----------------------------------|----------------|------------|-----|--|--|--|--|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | | | | | |
| | | | | | | ADD | | | | |
| 7. Other | ✓ | | | | | × | | | | |
| | | | | | | ADD | | | | |

Section 3. Relevant financial activities outside the submitted work.

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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| Relevant financial activities out | side the | submit | ted work | | | |
|--|----------|-------------------------|----------------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | ✓ | | | | | × |
| | | | | | | ADD |
| 2. Consultancy | ✓ | | | | | X |
| | | | | | | ADD |
| 3. Employment | ✓ | | | | | X |
| | | | | | | ADD |
| 4. Expert testimony | ✓ | | | | | X |
| | | | | | | ADD |
| 5. Grants/grants pending | √ | | | | | X |
| | | | | | | ADD |
| Payment for lectures including service on speakers bureaus | ✓ | | | | | × |
| | | | | | | ADD |
| Payment for manuscript preparation | ✓ | | | | | × |

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



| | ·-1 41 | | | | | |
|--|----------|-------------------------|----------------------------------|------------------------------|---------------------|-----|
| Relevant financial activities outs | side the | submit | ted work | | | |
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| | | | | | | ADD |
| Patents (planned, pending or issued) | ✓ | | | | | × |
| | | | | | | ADD |
| 9. Royalties | ✓ | | | | | × |
| | | | | | | ADD |
| Payment for development of educational presentations | ✓ | | | | | × |
| | | | | | | ADD |
| 11. Stock/stock options | ✓ | | | | | × |
| | | | | | | ADD |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | ✓ | | | | | × |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | ✓ | | | | | × |
| | | | | | | ADD |
| * This means money that your institution ** For example, if you report a consultanc | | | | ravel related to that consul | tancy on this line. | |
| Section 4. Other relationsh | nips | | | | | |
| | | | | | | |

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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.

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.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



| Section 1. | Identifying Infor | mation | | |
|---------------------------------------|-------------------------|----------------------------------|--|--|
| 1. Given Name (Fi Henrik | irst Name) | 2. Surname (Last Name) Ovesen | | 3. Effective Date (07-August-2008) 23-November-2012 |
| 4. Are you the cor | responding author? | Yes 🗸 No | Corresponding Author's Na Erik Brandt | me |
| 5. Manuscript Titl Laparoscopic co | | charge within 24-hours: Is i | t possible ? | |
| 6. Manuscript lde | ntifying 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...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| The Work Under Consideration | or Pub | lication | | | | |
|--|----------|-------------------------|----------------------------------|----------------|------------|-----|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 1. Grant | ✓ | | | | | × |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | ✓ | | | | | × |
| | | | | | | ADD |
| Support for travel to meetings for the study or other purposes | ✓ | | | | | × |
| | | | | | | ADD |
| Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | V | | | | | × |
| | | | | | | ADD |
| Payment for writing or reviewing the manuscript | ✓ | | | | | × |
| | | | | | | ADD |
| Provision of writing assistance, medicines, equipment, or administrative support | ✓ | | | | | × |



| The Work Under Consideration for Publication | | | | | | | | | |
|--|------|----------|-------------------------|----------------------------------|----------------|------------|-----|--|--|
| | Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | | | |
| | | | | | | | ADD | | |
| 7. Other | | ✓ | | | | | × | | |
| | | | | | | | ADD | | |

Section 3. Relevant financial activities outside the submitted work.

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.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| Relevant financial activities out | side the | submitt | ted work | | | |
|--|----------|-------------------------|----------------------------------|--------|----------|-----|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | ✓ | | | | | × |
| | | | | | | ADD |
| 2. Consultancy | ✓ | | | | | × |
| | | | | | | ADD |
| 3. Employment | ✓ | | | | | × |
| | | | | | | ADD |
| 4. Expert testimony | ✓ | | | | | X |
| | | | | | | ADD |
| 5. Grants/grants pending | ✓ | | | | | × |
| | | | | | | ADD |
| Payment for lectures including service on speakers bureaus | ✓ | | | | | × |
| | | | | | | ADD |
| Payment for manuscript preparation | ✓ | | | | | × |

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



| Relevant financial activities out | side the | submitt | ted work | | | | | | |
|--|------------|-------------------------|----------------------------------|---------------------------|---------------------------|-----|--|--|--|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | | | | |
| | | | | | | ADD | | | |
| Patents (planned, pending or issued) | ✓ | | | | | × | | | |
| | | | | | | ADD | | | |
| 9. Royalties | ✓ | | | | | × | | | |
| | | | | | | ADD | | | |
| 10. Payment for development of educational presentations | ✓ | | | | | × | | | |
| | | | | | | ADD | | | |
| 11. Stock/stock options | ✓ | | | | | × | | | |
| | | | | | | ADD | | | |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | ✓ | | | | | × | | | |
| | | | | | | ADD | | | |
| 13. Other (err on the side of full disclosure) | ✓ | | | | | × | | | |
| | | | | | | ADD | | | |
| * 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. | | | | | | | | | |
| Section 4. Other relationships | | | | | | | | | |
| | | | | | | | | | |
| Are there other relationships or activi | ities that | readers c | ould perceive [.] | to have influenced, or th | at give the appearance of | | | | |

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

 \checkmark No other relationships/conditions/circumstances that present a potential conflict of interest

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Hide All Table Rows Checked 'No'

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