

2. ICMJE Uniform Disclosure Form for 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". Then 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.



Section 1.	Identifying Info	rmation	
1. Given Name (Fi	•	2. Surname (Last Name) Beck-Nielsen	3. Effective Date (07-August-2008) 1 september 2018
4. Are you the co	rresponding author?	Yes No	
5. Manuscript Titl Er det nødvend		min før kirurgi i generel anæstesi?	<u>.</u>
6. Manuscript Ide	ntifying Number (if you	ı 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...)?

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
3. 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
5. Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	V					×



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 f

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.

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	У					×
						ADD
2. Consultancy		✓		Uneeg Medical. Consul	ltancy (private honorarium	×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending			✓	NovoNordisk founda	tion. Money to Institution	×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	Ż					×

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

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



Relevant financial activities outs	ide 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		✓		Genmab, Stock priva	ate	×
12 Travel/s assume a deticus /						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 consultance Section 4. Other relationsh	ry above			ravel related to that consul	tancy on this line.	
Are there other relationships or activi			-	to have influenced, or th	at give the appearance of	
potentially influencing, what you wro	ne in the	e supmitte	eu work?			
✓ No other relationships/conditions	s/circum	stances th	nat present a po	otential conflict of intere	est	
Yes, the following relationships/c	ondition	ns/circums	stances are pre	sent (explain below):		
At the time of manuscript acceptance On occasion, journals may ask author						ements.

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4. Other relationships.



Section 1. Identifying Inf	ormation	
Given Name (First Name) Elisabeth	2. Surname (Last Name) Lauritzen	3. Effective Date (07-August-2008) 1 september 2018
4. Are you the corresponding author?	✓ Yes	
5. Manuscript Title Er det nødvendigt at pausere metfe	ormin før kirurgi i generel anæstesi?	
6. Manuscript Identifying Number (if ye	ou know it)	

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1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	/					×
						ADD
3. 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
5. Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	V					×



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

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Type of Relationship (in		Money	Money to			
alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments	
1. Board membership	У					
						A
2. Consultancy	✓.					
						A
3. Employment	✓					
						A
4. Expert testimony	✓					
						Α
5. Grants/grants pending	✓					
						Α
6. Payment for lectures including service on speakers bureaus	✓					
						A
7. Payment for manuscript preparation	Ż					

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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	√					X
12. Travel/accommodations/ meeting expenses unrelated to						ADD
activities listed**	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance Section 4. Other relationsh	y above t			ravel related to that consul	tancy on this line.	
Other relationsh	ips					
Are there other relationships or activi potentially influencing, what you wro			-	to have influenced, or th	at give the appearance of	
✓ No other relationships/conditions					st	
Yes, the following relationships/co	onaition	is/circums	cances are pre	sent (explain below):		
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4. Other relationships.



Section 1. Identifying l	nformation	
Given Name (First Name) David Are you the corresponding auth	2. Surname (Last Name) Jensen Yes No	3. Effective Date (07-August-2008 31-08-2018
Manuscript Title Er det nødvendigt at pausere met One of the state of	formin før kirurgi i generel anæstesi?	

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The Work Under Consideration	n for Pເ	ublicatio	n			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	X					×
						ADD
2. Consulting fee or honorarium	X					×
						ADD
Support for travel to meetings for the study or other purposes	X					×
						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	X					×
						ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	X					×



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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	X					×	
						ADD	

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Relevant financial activities of	utside t	he subm	itted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	X					×
	· /					ADD
2. Consultancy	X					×
						ADD
3. Employment	\square					×
						ADD
4. Expert testimony	\square					×
						ADD
5. Grants/grants pending	\bowtie					×
	\ /					ADD
Payment for lectures including service on speakers bureaus	X					×
						ADD
Payment for manuscript preparation	X					×

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



Relevant financial activities or	utside t	he subn	nitted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	X					×
						ADD
9. Royalties	X					×
	•					ADD
Payment for development of educational presentations	X					×
						ADD
11. Stock/stock options	X					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	X					×
						ADD
13. Other (err on the side of full disclosure)	X					×
						ADD

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

Section 4. Other relationships

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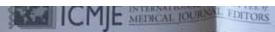
^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Evaluation and Feedback

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Section 1. Identifying to	formati	on				
CHR(STIAN)	2.	Sumame to	ONOL		1 Effective Date (07-Aug.	248
4. Are you the corresponding author?	E E	Yes 🔗	Que			
5. Manuscript Tale Et dot nadvandigt 6. Manuscript Identifying Number (If y						
6. Manuscript Identifying Number (If y	an	pavse	met.	formun for	kiringi i gene	rel -1:7
UFL-04-18-	0261				undest	CH /
	200					
Section 2.	_					
The Work Und	THE REAL PROPERTY.					
Did you or your institution at any ti	me receiv	e payment	or services from	m a third party for any	aspect of the submitted	work
(including but not limited to grants	refata eme					
prictiding but not limited to grants	data enc	_	N			
(including but not limited to grants Complete each row by checking "N	o" or pro	viding the	equested infor	mation. Myou have or		
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Complete each row by checking 'N	of or pro	dication Manny Paid	equested inford the life one the Montey to	mation. If you have me "K" hatton.	nin) than one estationable	
Complete each row by checking 'N And had been to a black on Excess The Work Under Consideration Type Grant Consulting fee or bonorarium Support for travel to meetings for the study or other purposes	of or pro	dication Manny Paid	equested inford the life one the Montey to	mation. If you have me "K" hatton.	nin) than one estationable	X ADD
Complete each row by checking "New York Under Consideration Typ) Grant Consulting fee or bonorarium Support for travel to meetings for the study or other purposes Fees for participation in review	for Pub	dication Manny Paid	equested inford the life one the Montey to	mation. If you have me "K" hatton.	nin) than one estationable	AOD X
Complete each row by checking "New York Under Consideration Type Consulting fee or honoramum Support for travel to meetings for the study or other purposes Fees for participation in review activities such as data monitoring boards, statistical analysis, end	of or pro	dication Manny Paid	equested inford the	mation. If you have me "K" hatton.	nin) than one estationable	AOD X
Complete each row by checking "New York Under Consideration Type Consulting fee or bonoration Support for travel to meetings for the study or other purposes Fees for participation in review activities such as data monitoring.	for Pub	dication Manny Paid	equested inford the	mation. If you have me "K" hatton.	nin) than one estationable	ADD X ADD X
Complete each row by checking "New York Under Consideration Type Grant Consulting fee or bonorarium Support for travel to meetings for the study or other purposes Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like Payment for writing or reviewing	for Pub	dication Manny Paid	equested inford the	mation. If you have me "K" hatton.	nin) than one estationable	AOD X
Complete each row by checking "New York Under Consideration Type Consulting fee or bonorarium Support for travel to meetings for the study or other purposes Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	for Pub	dication Manny Paid	equested inford the	mation. If you have me "K" hatton.	nin) than one estationable	ADD X ADD X
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Other relationships.

	n for Pu	blication				
Туре		Money Paid 10 Yeu	Your Intitution*	Name of Entity	Comments**	
7. Other	DXT					ADD
* This means money that your instituti *** Use this section to provide any nee	on receive	d for your el	forts on this study			ADD
	OCU CAPINI					
Section 3. Relevant finan	icial acti	vities out	side the subm	itted work.		
Place a check in the appropriate bo	exes in the	e table to ir	ndicate whether	you have financial rela	tionships (regardless of	amount
of compensation) with entities as d dicking the "Add +" box. You shou	fescribed ild report	in the instr relationshi	ps that were pre	e line for each entity; as sent during the 36 mo	dd as many lines as you onths prior to submission	need by
Complete each row by checking "N	lo" or pro	viding the	requested inform	nation. If you have mo		
AND TOTAL IS ADD & NW. Excess	myrcan	tio relies of	h de von	CC Button.		
elevant financial activities ou	tside th	e submit	ted work			
Type of Relationship (in alphabetical order)		Money Paid to You	Money to Year Institution*		Comments	1
Board membership	R					14
Consultancy	K					×
Employment	12		0			ADD ×
Expert testimony	DN		All			ADD
	45		1			ADD
Grants/grants pending	K		10			×
	KI					ADD
	100					ADD
Payment for lectures including service on speakers bureaus			A SECTION			ADD.
	Z					

