

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.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ismail	2. Surname (Last Name) Gögenur	3. Date 12-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ebbe Thinggaard
5. Manuscript Title Take-Home Laparoscopic Training, 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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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gögenur has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Ebbe

2. Surname (Last Name)
Thinggaard

3. Date
12-February-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Take-Home Laparoscopic Training, 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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Johnson and Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	non-restricted educational grant

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Dr. Thinggaard reports grants from Johnson and Johnson, during the conduct of the study; .

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ebbe Thinggaard
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Jeanett

2. Surname (Last Name)

Strandbygaard

3. Date

12-February-2018

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Yes No

Corresponding Author's Name

Ebbe Thinggaard

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