

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Søren

2. Surname (Last Name)

Sandager Petersen

3. Date

20-October-2017

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Manan Pareek

5. Manuscript Title

Reduceret Risiko for Diabetes og Kardiovaskulær Sygdom efter Fedmekirurgi

6. Manuscript Identifying Number (if you know it)

UFL-06-17-0496

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. Sandager Petersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ida Kirstine

2. Surname (Last Name)

Bull Rasmussen

3. Date

20-October-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Manan Pareek

5. Manuscript Title

Reduceret Risiko for Diabetes og Kardiovaskulær Sygdom efter Fedmekirurgi

6. Manuscript Identifying Number (if you know it)

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Dr. Bull Rasmussen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jacob	2. Surname (Last Name) Juel	3. Date 20-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Manan Pareek
5. Manuscript Title Reduceret Risiko for Diabetes og Kardiovaskulær Sygdom efter Fedmekirurgi		
6. Manuscript Identifying Number (if you know it) UFL-06-17-0496		

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Dr. Juel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Manan

2. Surname (Last Name)
Pareek

3. Date
20-October-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Reduceret Risiko for Diabetes og Kardiovaskulær Sygdom efter Fedmekirurgi

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Dr. Pareek has nothing to disclose.

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1. Given Name (First Name)
Morten

2. Surname (Last Name)
Rix Hansen

3. Date
20-October-2017

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Yes No

Corresponding Author's Name
Manan Pareek

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Niels	2. Surname (Last Name) Holmark Andersen	3. Date 20-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Manan Pareek
5. Manuscript Title Reduceret Risiko for Diabetes og Kardiovaskulær Sygdom efter Fedmekirurgi		
6. Manuscript Identifying Number (if you know it) UFL-06-17-0496		

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Dr. Holmark Andersen has nothing to disclose.

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