

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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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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Morten

2. Surname (Last Name)
Bay-Nielsen

3. Date
25-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Thue Bisgaard

5. Manuscript Title
High risk of pathologic findings at return visit after prior emergency admission for NSAP

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. Bay-Nielsen has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Niels

2. Surname (Last Name)
Qvist

3. Date
25-June-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name
Thue Bisgaard

5. Manuscript Title

High risk of pathologic findings at return visit after prior emergency admission for NSAP

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Qvist has nothing to disclose.

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1. Given Name (First Name)
Christine

2. Surname (Last Name)
Ravn-Christensen

3. Date
25-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Thue Bisgaard

5. Manuscript Title
High risk of pathologic findings at return visit after prior emergency admission for NSAP

6. Manuscript Identifying Number (if you know it)

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Dr. Ravn-Christensen has nothing to disclose.

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Thue

2. Surname (Last Name)
Bisgaard

3. Date
25-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
High risk of pathologic findings at return visit after prior emergency admission for non-specific abdominal pain

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