

#### **Instructions**

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Frostberg 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Erik	rst Name)	2. Surname (Last Name) Frostberg		3. Date 29-November-2018
4. Are you the corresponding author?		✓ Yes No		
5. Manuscript Title The day of week		ortality and morbidity afte	r elective colorectal cancer s	surgery
6. Manuscript Ider	ntifying Number (if you kr	now it)		
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Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the s statistical analysis,	stitution <b>at any time</b> rece ubmitted work (including	vive payment or services from g but not limited to grants, d		ommercial, private foundation, etc.) for esign, manuscript preparation,
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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	? ☐ Yes 🗸 No

Frostberg 2



Section 5.		
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Yes, the following relationships/conditions/circumstances are present (explain below):		
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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.		
Section 6.	Disclosure Statement	
Based on the aborbelow.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Frostberg has	nothing to disclose.	

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Rahr 1



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Rahr 2



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dePont Christensen 1



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