

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Tommy

2. Surname (Last Name)

Hindenburg

3. Date

07-December-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Temporal trends and outcomes in patients with ruptured abdominal aneurism

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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Section 6. Disclosure Statement

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Dr. Hindenburg has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Hans Christian

2. Surname (Last Name)

Thorsen-Meyer

3. Date

07-December-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Tommy Hindenburg

5. Manuscript Title

Temporal trends and outcomes in patients with ruptured abdominal aneurism

6. Manuscript Identifying Number (if you know it)

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Dr. Thorsen-Meyer has nothing to disclose.

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1. Given Name (First Name)

Nanna

2. Surname (Last Name)

Reiter

3. Date

07-December-2018

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☐ Yes ☒ No

Corresponding Author's Name

Tommy Hindenburg

5. Manuscript Title

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1. Given Name (First Name)
Morten

2. Surname (Last Name)
Hylander Møller

3. Date
07-December-2018

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☐ Yes ☒ No

Corresponding Author's Name
Tommy Hindenburg

5. Manuscript Title
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