

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Astrid Louise Bjørn	2. Surname (Last Name) Bennedsen	3. Date 16-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Luyi Cai
5. Manuscript Title Stigende incidens af diagnosticeret kolorektal cancer blandt yngre patienter		
6. Manuscript Identifying Number (if you know it) UFL-04-19-0259		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

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- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

During my current PhD study, which has no relation to this body of work, my work place, Surgical Department, Zealand University Hospital, has received financial support from Reponex A/S to cover my salary and part of the study expenses.

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Section 6. Disclosure Statement

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Dr. Bennedsen reports: During my current PhD study, which has no relation to this body of work, my work place, Surgical Department, Zealand University Hospital, has received financial support from Reponex A/S to cover my salary and part of the study expenses. .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Luyi

2. Surname (Last Name)
Cai

3. Date
16-September-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Stigende incidens af diagnosticeret kolorektal cancer blandt yngre patienter

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

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Dr. Cai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Camilla

2. Surname (Last Name)

Qvortrup

3. Date

16-September-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Stigende incidens af diagnosticeret kolorektal cancer blandt yngre patienter

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture

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Dr. Qvortrup reports personal fees from Roche, personal fees from Merck, outside the submitted work; .

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Gögenur

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Corresponding Author's Name

Luyi Cai

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