

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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### Section 1. Identifying Information

1. Given Name (First Name) Anders	2. Surname (Last Name) Tolstrup	3. Date April 25th 2019
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Konsmodificerende kirurgi i Danmark		
6. Manuscript Identifying Number (if you know it) UFL-12-18-0867		

### 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

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### Section 1. Identifying Information

1. Given Name (First Name)

MICHAEL VESTERGAARD THOMSEN

2. Surname (Last Name)

THOMSEN

3. Date

APRIL 26<sup>TH</sup> 2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Kønsmodificerende kirurgi i Danmark

6. Manuscript Identifying Number (if you know it)

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Rikke

2. Surname (Last Name)

HOLMGAARD

3. Date

APRIL 26<sup>TH</sup> 2019

4. Are you the corresponding author?

Yes  No

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1. Given Name (First Name)

MALENE HILTON

2. Surname (Last Name)

HILTON

3. Date

30/4-19

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

Kensmodificerende kirurgi i Danmark

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1. Given Name (First Name) Dennis	2. Surname (Last Name) Zetner	3. Date 30-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anders Tolstrup
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Dr. Zetner has nothing to disclose.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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**Pending:** The patent has been filed but not issued

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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)  
Jacob

2. Surname (Last Name)  
Rosenberg

3. Date  
30-April-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Anders Tolstrup

5. Manuscript Title  
Kønsmodificerende kirurgi i Danmark

6. Manuscript Identifying Number (if you know it)  
UFL-12-18-0867

### 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

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Rosenberg reports personal fees from Bard, personal fees from Merck, outside the submitted work; .

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