

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Josefine Eis	2. Surname (Last Name) Pedersen	3. Date 10-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristine H Allin
5. Manuscript Title Risk of pancreatitis in patients with inflammatory bowel disease: A systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it)		

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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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Dr. Pedersen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Camilla	2. Surname (Last Name) Jensen	3. Date 14-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristine H Allin
5. Manuscript Title Risk of pancreatitis in patients with inflammatory bowel disease: A systematic review and meta-analysis		
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Dr. Jensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lars

2. Surname (Last Name)

Ängquist

3. Date

14-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kristine H Allin

5. Manuscript Title

Risk of pancreatitis in patients with inflammatory bowel disease: A systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)

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Dr. Ängquist has nothing to disclose.

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Johan

2. Surname (Last Name)
Kjærgaard

3. Date
14-June-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Kristine H Allin

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Tine	2. Surname (Last Name) Jess	3. Date 15-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristine H Allin
5. Manuscript Title Risk of pancreatitis in patients with inflammatory bowel disease: A systematic review and meta-analysis		
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2. Surname (Last Name)
Allin

3. Date
03-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risk of pancreatitis in patients with inflammatory bowel disease: A systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)

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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.)?

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Dr. Allin has nothing to disclose.

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