

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christoffer Skov

2. Surname (Last Name)
Olesen

3. Date
01-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Variations in open and laparoscopic repair of pediatric inguinal hernia: a nationwide survey study

6. Manuscript Identifying Number (if you know it)

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Mr. Olesen 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) Kristoffer	2. Surname (Last Name) Andresen	3. Date 01-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christoffer Skov Olesen
5. Manuscript Title Variations in open and laparoscopic repair of pediatric inguinal hernia: a nationwide survey study		
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Section 2. The Work Under Consideration for Publication

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Dr. Andresen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Stina

2. Surname (Last Name)
Öberg

3. Date
01-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christoffer Skov Olesen

5. Manuscript Title

Variations in open and laparoscopic repair of pediatric inguinal hernia: a nationwide survey study

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Dr. Öberg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Søren Lykke	2. Surname (Last Name) Deigaard	3. Date 01-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christoffer Skov Olesen
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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
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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