

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.

1. Identifying information.

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4. Intellectual Property.

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

5. Relationships not covered above.

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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) Inge	2. Surname (Last Name) Bernstein	3. Date 10-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lasse Pedersen
5. Manuscript Title Improving colonoscopy quality: Experiences from the North Denmark Region		
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

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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Bernstein has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
 Lasse Pedersen 10-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
 Improving colonoscopy quality: Experiences from the North Denmark Region

6. Manuscript Identifying Number (if you know it)

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Aalborg University Hospital, Department of Surgical Gastroenterology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PhD-salary

Section 3. Relevant financial activities outside the submitted work.

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Pedersen reports grants and other from Aalborg University Hospital, Department of Surgical Gastroenterology, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
 Christian Torp-Pedersen 10-January-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lasse Pedersen

5. Manuscript Title
 Improving colonoscopy quality: Experiences from the North Denmark Region

6. Manuscript Identifying Number (if you know it)

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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
Bayer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Randomised clinical study
Novo Nordisk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidemiological study

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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Dr. Torp-Pedersen reports grants from Bayer, grants from Novo Nordisk, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Charlotte	2. Surname (Last Name) Green Carlsen	3. Date 10-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lasse Pedersen
5. Manuscript Title Improving colonoscopy quality: Experiences from the North Denmark Region		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Green Carlsen 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)
Karen

2. Surname (Last Name)
Lindorff-Larsen

3. Date
10-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lasse Pedersen

5. Manuscript Title
Improving colonoscopy quality: Experiences from the North Denmark Region

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