



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Karin

2. Surname (Last Name)  
Skov

3. Date  
03-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Det nordiske nyreudvekslings program:  
ScandiaTransplant kidney Exchange Program (STEP)

6. Manuscript Identifying Number (if you know it)  
UFL-01-20-0058

### 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.

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**.

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. Skov has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ilse Duus S.

2. Surname (Last Name)  
Weinreich

3. Date  
08-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Det nordiske nyreudvekslings program:  
ScandiaTransplant kidney Exchange Program (STEP)  
6. Manuscript Identifying Number (if you know it)

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Weinreich 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)  
Helle

2. Surname (Last Name)  
Bruunsgaard

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Karin Skov

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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Dr. Bruunsgaard 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)  
Claus
2. Surname (Last Name)  
Bistrup
3. Date  
08-April-2020
4. Are you the corresponding author?  Yes  No Corresponding Author's Name  
Karin Skov,
5. Manuscript Title  
Det nordiske nyreudvekslings program: ScandiaTransplant kidney Exchange Program (STEP)
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Dr. Bistrup 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)  
Søren Schwartz

2. Surname (Last Name)  
Sørensen

3. Date  
08-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Karin Skov

5. Manuscript Title  
Det nordiske nyreudvekslings program:  
ScandiaTransplant kidney Exchange Program (STEP)  
6. Manuscript Identifying Number (if you know it)

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Dr. Sørensen 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)  
Pernille

2. Surname (Last Name)  
Koefoed-Nielsen

3. Date  
14-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title

Det nordiske nyreudvekslings program:

ScandiaTransplant kidney Exchange Program (STEP)

6. Manuscript Identifying Number (if you know it)

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Dr. Koefoed-Nielsen 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)  
Lars

2. Surname (Last Name)  
Wennberg

3. Date  
17-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Karin Skov

5. Manuscript Title  
ordiske nyreudvekslings program:  
ScandiaTransplant kidney Exchange Program (STEP)"

6. Manuscript Identifying Number (if you know it)

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Dr. Wennberg 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)  
Per

2. Surname (Last Name)  
Lindnér

3. Date  
16-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Karin Skov

5. Manuscript Title

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Dr. Lindnér has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Tommy

2. Surname (Last Name)

Andersson

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Karin Skov

5. Manuscript Title

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Dr. Andersson has nothing to disclose.

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