

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Thue

2. Surname (Last Name)  
Bisgaard

3. Date  
20-May-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Livskvalitet efter bariatrisk operation bedømt med standardiserede spørgeskemaer

6. Manuscript Identifying Number (if you know it)

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Dr. Bisgaard 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)  
Johanne

2. Surname (Last Name)  
Gormsen

3. Date  
13-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Thue Bisgaard

5. Manuscript Title

Livskvalitet efter bariatrisk operation bedømt med standardiserede spørgeskemaer

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Gormsen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Frederik

2. Surname (Last Name)  
Helgstrand

3. Date  
20-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Thue Bisgaard

5. Manuscript Title

Livskvalitet efter bariatrisk operation bedømt med standardiserede spørgeskemaer

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name) Cecilie Fønss Bülow	2. Surname (Last Name) Carstensen	3. Date 19-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thue Bisgaard
5. Manuscript Title Livskvalitet efter bariatrisk operation bedømt med standardiserede spørgeskemaer		
6. Manuscript Identifying Number (if you know it)		

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C. Carstensen has nothing to disclose.

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