

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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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)

Anders Bo

2. Surname (Last Name)

Nielsen

3. Date

06-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Ivan Arsic

5. Manuscript Title

Akut appendicitis efter koloskopi

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. Nielsen 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)  
Tobias

2. Surname (Last Name)  
Kristensen

3. Date  
06-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ivan Arsic

5. Manuscript Title  
Akut appendicitis efter koloskopi

6. Manuscript Identifying Number (if you know it)

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

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Dr. Kristensen has nothing to disclose.

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1. Given Name (First Name)

Ivan

2. Surname (Last Name)

Arsic

3. Date

06-August-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Akut appendicitis efter koloskopi

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Festersen	3. Date 06-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ivan Arsic
5. Manuscript Title Akut appendicitis efter koloskopi		
6. Manuscript Identifying Number (if you know it)		

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