

## 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)

Christina Krogner

2. Surname (Last Name)

Caspersen

3. Date

02-September-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

The association between partial remission of T2D and change in QoL one year after gastric bypass.

6. Manuscript Identifying Number (if you know it)

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Inger
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Mechlenburg
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Christina Krogner Caspersen
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1. Given Name (First Name)  
Jens Fromholt

2. Surname (Last Name)  
Larsen

3. Date  
02-September-2019

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Yes  No

Corresponding Author's Name  
Christina Krogner Caspersen

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Maria Biehl

2. Surname (Last Name)

Gustafson

3. Date

02-September-2019

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Yes  No

Corresponding Author's Name

Christina Krogner Caspersen

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Tine Maria Bonde
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Christiansen
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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
Trine Brade

2. Surname (Last Name)  
de Place

3. Date  
02-September-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Christina Krogner Caspersen

5. Manuscript Title

The association between partial remission of T2D and change in QoL one year after gastric bypass.

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

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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**.

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