

## 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)

Julie

2. Surname (Last Name)

Tastesen

3. Date

17-October-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Ileostomikarcinom – En sjælden malign årsag til peristomal rødme hos patient med colitis ulcerosa

6. Manuscript Identifying Number (if you know it)

UFL-09-20-0707

### 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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Dr. Tastesen 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) Claus	2. Surname (Last Name) Rønholt	3. Date 27-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julie Tastesen
5. Manuscript Title Ileostomikarcinom – En sjælden malign årsag til peristomal rødme hos patient med colitis ulcerosa		
6. Manuscript Identifying Number (if you know it) UFL-09-20-0707		

### 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.)?

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Dr. Rønholt 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) Mille	2. Surname (Last Name) Andrea	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julie Tastesen
5. Manuscript Title Ileostomikarcinom – En sjælden malign årsag til peristomal rødme hos patient med colitis ulcerosa		
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Dr. Andrea has nothing to disclose.

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1. Given Name (First Name) Michael Prangsgaard	2. Surname (Last Name) Møller	3. Date 22-October-2020
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I declare that I have no conflicts of interest.  
SANOFI GENZYME DENMARK have sponsored my participation in EADO2020 virtual congress (200 euro), this however, has no relevance to the current projekt

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