

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Katia Ohm

2. Surname (Last Name)
Oreskov

3. Date
09-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Preoperative NLR in correlation with postoperative outcomes after major emergency abdominal surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Oreskov has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kristian Kiim

2. Surname (Last Name)
Jensen

3. Date
09-September-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Katia Ohm Oreskov

5. Manuscript Title
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Ismail

2. Surname (Last Name)

Gögenur

3. Date

09-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Katia Ohm Oreskov

5. Manuscript Title

Preoperative NLR in correlation with postoperative outcomes after major emergency abdominal surgery

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Camilla	2. Surname (Last Name) Godthaab	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katia Ohm Oreskov
5. Manuscript Title Preoperative NLR in correlation with postoperative outcomes after major emergency abdominal surgery		
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1. Given Name (First Name) Anders Bech	2. Surname (Last Name) Jørgensen	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katia Ohm Oreskov
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katia Ohm Oreskov
5. Manuscript Title Preoperative NLR in correlation with postoperative outcomes after major emergency abdominal surgery		
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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Oreskov has nothing to disclose.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name) Jakob	2. Surname (Last Name) Burcharth	3. Date 09-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katia Ohm Oreskov
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Section 1. Identifying Information

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katia Ohm Oreskov
5. Manuscript Title Preoperative NLR in correlation with postoperative outcomes after major emergency abdominal surgery		
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