

# ICMJE DISCLOSURE FORM

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**Date:** 8. marts 2021

**Your name:** Christopher Blom Salmonsén

**Manuscript title:** Optimal peripheral nerve block after minimally invasive colon surgery - OPMICS

**Manuscript number (if known):**

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		A & J C Tvergaards Fond	Research account with Nordsjællands Hospital
		Fru Olga Bryde Nielsens Fond	Research account with Nordsjællands Hospital
		Louis-Hansens Fond	Research account with Nordsjællands Hospital
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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**Date:** 9. marts 2021

**Your name:** Kai Henrik Wiborg Lange

**Manuscript title:** Optimal peripheral nerve block after minimally invasive colon surgery - OPMICS

**Manuscript number (if known):**

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**Date:** 9. marts 2021

**Your name:** Jakob Kleif

**Manuscript title:** Optimal peripheral nerve block after minimally invasive colon surgery - OPMICS

**Manuscript number (if known):**

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Date: 9. marts 2021

Your name: Claus Anders Bertelsen

Manuscript title: Optimal peripheral nerve block after minimally invasive colon surgery - OPMICS

Manuscript number (if known):

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