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Date : 8. marts 2021				
Your name: Chris	Your name: Christopher Blom Salmonsen			
Manuscript title: Optimal peripheral nerve block after minimally invasive colon surgery - OPMICS				
Manuscript number (if known):				

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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

Tima	e frame: Since the initial planı	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study	Helen Rudes Fond	Research account with Nordsjællands Hospital
	materials, medical writing,	A & J C Tvergaards Fond	Research account with Nordsjællands Hospital
	article processing charges, etc.) No time limit for this item.	Fru Olga Bryde Nielsens Fond	Research account with Nordsjællands Hospital
		Louis-Hansens Fond	Research account with Nordsjællands Hospital
		Regionernes Medicin- og Behandlingspulje	Research account with Nordsjællands Hospital
		Nordsjællands Hospital	Research account with Nordsjællands Hospital

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Tim	Time frame: past 36 months			
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	None		

4	Consulting fees	⊠ None		
	3	Z None		
5	Payment or honoraria for	None Non		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	⊠ None		
	testimony			
7	Support for attending	⊠ None		
,	meetings and/or travel	M NOIC		
	meetings ana/or traver			
8	Patents planned, issued or	None Non		
	pending			
		'		
9	Participation on a Data	⊠ None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	⊠ None		
	in other board, society,	None		
	committee or advocacy			
	group, paid or unpaid			
		L L		
11	Stock or stock options	⊠ None		
42				
12				
	Receipt of equipment,	⊠ None		
	materials, drugs, medical	⊠ None		
	materials, drugs, medical writing, gifts or other	⊠ None		
	materials, drugs, medical	⊠ None		
	materials, drugs, medical writing, gifts or other services			
13	materials, drugs, medical writing, gifts or other services Other financial or non-	None None None		
	materials, drugs, medical writing, gifts or other services			

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 9. marts 2021			
You	Your name: Kai Henrik Wiborg Lange			
Mai	nuscript title: Optim	al peripheral nerve block afte	r minimally invasive colon surgery - OPMICS	
Mai	nuscript number (if known)):		
are thir com list	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u> .			
per anti In it	tains to the epidemiology o hypertensive medication, e	f hypertension, you should even if that medication is no oport for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all nonths.	
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	e frame: Since the initial planr			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ None		
			Click TAB in last row to add extra rows	
Time	e frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	⊠ None		

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	⊠ None	
	educational events		
	_	_	
6	Payment for expert	None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	⋈ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	⊠ None	
11	Stock of Stock options	M MOHE	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
	301 41003		
13	Other financial or non-	⊠ None	
13	Other financial or non- financial interests	⊠ None	

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Dat	e : 9. marts 2021			
Υοι	Your name: Jakob Kleif			
Ma	nuscript title: Optim	al peripheral nerve block afte	er minimally invasive colon surgery - OPMICS	
Ma	nuscript number (if known):		
are thir con	related to the content of your diparties whose interests m	our manuscript. "Related" nay be affected by the cont and does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.	
	following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
per	tains to the epidemiology o	of hypertension, you should	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of ot mentioned in the manuscript.	
	tem #1 below, report all super items, the time frame fo		d in this manuscript without time limit. For all nonths.	
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
Tim	e frame: Since the initial plani	·		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None		
	No time limit for this item.			
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Time	Time frame: past 36 months			
HIII	e frame: past 30 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	⊠ None		

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	⊠ None	
	educational events		
	_	_	
6	Payment for expert	None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	⋈ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	⊠ None	
11	Stock of Stock options	M MOHE	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
	301 41003		
13	Other financial or non-	⊠ None	
13	Other financial or non- financial interests	⊠ None	

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Date:	9. marts 2021			
Your na	ame: Claus	s Anders Bertelsen		
Manuscript title: Optimal peripheral nerve block after minimally invasive colon surgery - OPMICS				
Manuscript number (if known):				

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plar	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ None	

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Tim	Time frame: past 36 months			
2	Grants or contracts from	□ None		
	any entity (if not indicated	Helen Rudes fond	To my research account at Nordsjællands Hospital	
	in item #1 above).	Else & Mogens Wedell- Wedellsborg Fond	To my research account at Nordsjællands Hospital	
		Inger & Hakon Fabricius Fond	To my research account at Nordsjællands Hospital	

3	Royalties or licenses	None	
4	Consulting fees	■ None	
5	Payment or honoraria for	□ None	
	lectures, presentations,	Olympus Finland	by performing live surgery at courses for educational
	speakers bureaus, manuscript writing or	Intuitive Surgery by	purposes only.
	educational events	performing scientific presentations.	
		Intuitive Surgery	by performing scientific presentations
		meditive eargery	by performing scientific presentations
6	Payment for expert		
	testimony	Z None	
7	Support for attending		
'	meetings and/or travel	△ None	
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8	Datanta plannad issued or	57 N	
Ö	Patents planned, issued or pending		
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9	Participation on a Data Safety Monitoring Board		
	or Advisory Board		
		I	
10	Leadership or fiduciary role in other board,	■ None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
' '	Stock of Stock options	△ None	
12	Possint of aguinment	N Nove	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	M None	
13	financial interests		

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