ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mike Mikkelsen
2. Surname (Last Name) Lorenzen
3. Date 05-July-2017
4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title
The psychological impact of body contouring surgery - Planning a patient education program

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Mr. Lorenzen 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)**  
   Lotte

2. **Surname (Last Name)**  
   Poulsen

3. **Date**  
   04-July-2017

4. **Are you the corresponding author?**  
   ✔ No

   **Corresponding Author’s Name**  
   Mike Mikkelsen Lorenzen

5. **Manuscript Title**  
   The psychological impact of body contouring surgery - Planning a patient education program

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.)?

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Dr. Poulsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Signe
2. Surname (Last Name)  Poulsen
3. Date  05-July-2017

4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Mike Mikkelsen Lorenzen

5. Manuscript Title
   The psychological impact of body contouring surgery - Planning a patient education program

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Sørensen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.
Identifying Information

1. Given Name (First Name)  
   Jens Ahm

2. Surname (Last Name)   
   Sørensen

3. Date   
   05-July-2017

4. Are you the corresponding author?   
   Yes ☐  No ☑

   Corresponding Author’s Name   
   Mike Mikkelsen Lorenzen

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1. Given Name (First Name)  
   Kirsten Kaya

2. Surname (Last Name)  
   Roessler

3. Date  
   05-July-2017

4. Are you the corresponding author?  
   [ ] Yes   ✔ No  
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   Mike Mikkelsen Lorenzen

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