

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) Dorthe	2. Surname (Last Name) Hjort Jakobsen	3. Date 26-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lotte Linnemann Rønfeldt
5. Manuscript Title Quality of surgical care guidelines and written patient information. A nationwide patient safety study		
6. Manuscript Identifying Number (if you know it)		

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Dr. Hjort Jakobsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Henrik

2. Surname (Last Name)
Kehlet

3. Date
26-October-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lotte Linnemann Rønfeldt

5. Manuscript Title
Quality of surgical care guidelines and written patient information. A nationwide patient safety study

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Dr. Kehlet has nothing to disclose.

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1. Given Name (First Name)
Henriette

2. Surname (Last Name)
Lipczak

3. Date
26-October-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Lotte Linnemann Rønfeldt

5. Manuscript Title
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1. Given Name (First Name) Kasper	2. Surname (Last Name) Wennerwaldt	3. Date 26-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lotte Linnemann Rønfeldt
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Lotte Linnemann

2. Surname (Last Name)
Rønfeldt

3. Date
26-October-2017

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