ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
   Martin Risom

2. Surname (Last Name)
   Vestergaard

3. Date
   11-January-2017

4. Are you the corresponding author?   ☐ Yes  ☑ No
   Corresponding Author's Name
   Ida Helsø

5. Manuscript Title
   Anaesthesia in patients undergoing esophago-gastroscopy for suspected gastro-intestinal bleeding

6. Manuscript Identifying Number (if you know it)

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Nicolai Bang</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Foss</td>
</tr>
<tr>
<td>3. Date</td>
<td>10-January-2017</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Ida Helsø</td>
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<tr>
<td>2. Surname (Last Name)</td>
<td>rosenstock</td>
</tr>
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<td>3. Date</td>
<td>03-January-2017</td>
</tr>
<tr>
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**Corresponding Author’s Name**
Ida Helsø

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Dr. rosenstock has nothing to disclose.

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<th>Therese Risom</th>
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<tbody>
<tr>
<td>Morten Hylander</td>
<td>Møller</td>
<td>03-January-2017</td>
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4. Are you the corresponding author?  
   - Yes
   - No ✔

Corresponding Author’s Name
Ida Helsø

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Møller
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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Nicolai

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

3. **Date**
   09-January-2017

4. **Are you the corresponding author?**
   Yes [ ] No [x]

**Corresponding Author’s Name**
Ida Helsø

5. **Manuscript Title**
Anaesthesia in patients undergoing esophago-gastroscopy for suspected gastro-intestinal bleeding

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 [x]

**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest? Yes [ ] No [x]

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes [ ] No [x]
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Lohse has nothing to disclose.

Evaluation and Feedback

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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)  
   Lars Hyldborg

2. Surname (Last Name)  
   Lundstrøm

3. Date  
   04-January-2017

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Ida Helsø

5. Manuscript Title  
   Anaesthesia in patients undergoing esophago-gastroscopy for suspected gastro-intestinal bleeding

6. Manuscript Identifying Number (if you know it)  
   not known

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Are there any relevant conflicts of interest?  
   ✔ No

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Are there any relevant conflicts of interest?  
   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No

Lundstrøm
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Dr. Lundstrøm has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Ida

2. Surname (Last Name)  
Helsø

3. Date  
29-December-2016

4. Are you the corresponding author?  
✓ Yes  
No

5. Manuscript Title  
Anaesthesia in patients undergoing esophago-gastroscopy for suspected gastro-intestinal bleeding

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
✓ Yes  
No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Dr. Helsø reports grants from Karner’s Foundation, during the conduct of the study.

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