

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Benn

2. Surname (Last Name)  
Duus

3. Date  
11-January-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Morten Torrild Schmiegelow

5. Manuscript Title  
Re-operations and mortality after major lower extremity amputations

6. Manuscript Identifying Number (if you know it)  
UFL-12-17-0945

### Section 2. The Work Under Consideration for Publication

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Dr. Duus has nothing to disclose.

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|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Jes  | 2. Surname (Last Name)<br>Bruun Lauritzen                           | 3. Date<br>11-January-2018                                |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Morten Torrild Schmiegelow |
| 5. Manuscript Title<br>Re-operations and mortality after major lower extremity amputations |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>UFL-12-17-0945                        |   |   |

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Dr. Bruun Lauritzen has nothing to disclose.

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### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Martin   | 2. Surname (Last Name)<br>Lindberg-Larsen                           | 3. Date<br>11-January-2018                                |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Morten Torrild Schmiegelow |
| 5. Manuscript Title<br>Re-operations and mortality after major lower extremity amputations |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>UFL-12-17-0945                        |   |   |

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Dr. Lindberg-Larsen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Morten Torrild

2. Surname (Last Name)  
Schmiegelow

3. Date  
11-January-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Re-operations and mortality after major lower extremity amputations

6. Manuscript Identifying Number (if you know it)  
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|  |   |   |
|--|---|---|
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| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Morten Torrild Schmiegelow |
| 5. Manuscript Title<br>Re-operations and mortality after major lower extremity amputations |   |   |
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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)

Troels

2. Surname (Last Name)

Riis

3. Date

11-January-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Morten Torrild Schmiegelow

5. Manuscript Title

Re-operations and mortality after major lower extremity amputations

6. Manuscript Identifying Number (if you know it)

UFL-12-17-0945

### 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

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

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

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

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Riis has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.