ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent
### 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

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Are there any relevant conflicts of interest?  
   Yes ☐ No ✗

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

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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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Dr. Duus has nothing to disclose.

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**Identifying Information**

1. Given Name (First Name)  
Jes

2. Surname (Last Name)  
Bruun Lauritzen

3. Date  
11-January-2018

4. Are you the corresponding author?  
Yes  ✔  No

Corresponding Author’s Name  
Morten Torrild Schmiegelow

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
Yes  ✔  No

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**Intellectual Property -- Patents & Copyrights**

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Dr. Bruun Lauritzen has nothing to disclose.

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#### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Martin

2. **Surname (Last Name)**
   - Lindberg-Larsen

3. **Date**
   - 11-January-2018

4. **Are you the corresponding author?**
   - Yes [✔]

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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#### 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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Schmiegelow
ICMJE Form for Disclosure of Potential Conflicts of Interest

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  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Schmiegelow has nothing to disclose.

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Section 1. Identifying Information

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   Nikolaj

2. Surname (Last Name)  
   Sode

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   11-January-2018

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   [ ] Yes  
   [x] No

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   Morten Torrild Schmiegelow

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Are there any relevant conflicts of interest?  
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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
### 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

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**

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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**

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? **Yes**
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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?

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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.

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