ICMJE Uniform Disclosure Form for 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 has five parts.

1. Identifying information.
   Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.
   Please provide information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the “No” box it means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds to pay you. If you or your institution did receive funds from a third party to support the work, check “Yes” along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

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Section 1. Identifying Information.

Given Name: Sarah
Surname: Ekeløf

Are you the corresponding author? ☐ Yes ☑ No

Effective Date: 03-02-2018

Corresponding author's name: Maja Haunstrup Jeppesen

Manuscript Title: Short- and long-term outcomes following emergency laparotomy – a nationwide cohort study

Manuscript Identifying Number (if you know it): 

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☑ No
☐ Yes, specify nature of compensation

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Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

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Section 1. Identifying Information.

Given Name: Ismail  
Surname: Gögenur  
Effective Date: 03-02-2018

Are you the corresponding author? ☒ Yes  ☐ No

Corresponding author’s name: Maja Haunstrup Jeppesen

Manuscript Title: Short- and long-term outcomes following emergency laparotomy – a nationwide cohort study

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Given Name: Lau Caspar
Surname: Thygesen
Effective Date: 03-02-2018
Format example: 07-August-2008

Are you the corresponding author? ☒ Yes ☐ No

Corresponding author’s name: Maja Haunstrup Jeppesen

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This study received support from Frimodt. The funders had no influence on study design.

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Given Name: Maja  
Surname: Haunstrup Jeppesen  
Effective Date: 03-02-2018

Are you the corresponding author? ☑ Yes  ☐ No

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☐ Yes, specify nature of compensation

Section 3. Information about relevant financial relationships 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 any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click “Add +” to add a row. Click “Del ×” to delete an extra row.

<table>
<thead>
<tr>
<th>Type of Relationship (in alphabetical order)</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your institution</th>
<th>Entity</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board membership</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Consultancy</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
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<td>Add +</td>
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<tr>
<td>Employment</td>
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<td>Add +</td>
</tr>
</tbody>
</table>
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| Expert testimony | Del × | Add + |
|试卷 | | |
| Gifts | Del × | Add + |
| Grants/grants pending | Del × | Add + |
| Honoraria | Del × | Add + |
| Payment for manuscript preparation | Del × | Add + |
| Patents (planned, pending or issued) | Del × | Add + |
| Royalties | Del × | Add + |
| Payment for development of educational presentations including service on speakers' bureaus | Del × | Add + |
| Stock/stock options | Del × | Add + |
| Travel/accommodations expenses covered or reimbursed | Del × | Add + |
| Other (err on the side of full disclosure) | Del × | Add + |

Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

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

This study received support from Frimodt. The funders had no influence on study design.
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Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work?

☑️ No relevant nonfinancial relationships/conditions/circumstances to report.

☐ Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

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.