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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name) Oleg
2. Surname (Last Name) Borisenko
3. Date 27-January-2017
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title Cost-utility of bariatric surgery in Denmark: a decision-analytic model
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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Funch-Jensen

3. Date  
   27-January-2017

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Oleg Borisenko

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?  
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Dr. Funch-Jensen reports personal fees from Astra Zeneca, personal fees from Johnson&Johnson, personal fees from Medtronic, personal fees from MSD, outside the submitted work.

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2. Surname (Last Name)  
   Johnsen

3. Date  
   08-February-2017

4. Are you the corresponding author?  
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   ☐ No

   Corresponding Author’s Name  
   Oleg Borisenko

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Dr. Johnsen has nothing to disclose.

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