ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
carsten

2. Surname (Last Name)  
hansen

3. Date  
07-January-2017

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

Corresponding Author’s Name  
sakshi andersen

5. Manuscript Title  
Parenteral nutrition and insulin per protocol improve diabetes management after total pancreatectomy

6. Manuscript Identifying Number (if you know it)

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Charlotte  
2. Surname (Last Name)  
   Schiøtz  
3. Date  
   11-January-2017  
4. Are you the corresponding author?  
   Yes [ ]  
   No [X]  
   Corresponding Author’s Name  
   Andreas Andersen, Sakhsi Andersen  
5. Manuscript Title  
   Parenteral nutrition and insulin per protocol improve diabetes management after total pancreatectomy  
6. Manuscript Identifying Number (if you know it)  

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

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

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   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]

---

Schiøtz
Section 5. Relationships not covered above

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Mathiesen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Elisabeth
2. Surname (Last Name)  Mathiesen
3. Date

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Parenteral nutrition and insulin per protocol improve diabetes management after total pancreatectomy

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If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>novonordisk</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td>speakers bureau</td>
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</table>

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Dr. Mathiesen reports personal fees from novonordisk, outside the submitted work.

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<thead>
<tr>
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<th>Kerstin</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Lillpers</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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<tbody>
<tr>
<td>1. Given Name (First Name)</td>
<td>Lene</td>
</tr>
<tr>
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<td>Ringholm</td>
</tr>
<tr>
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</tr>
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#### Corresponding Author’s Name

Sakshi Andersen

<p>| | |</p>
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Dr. Ringholm has nothing to disclose.

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

Andersen
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

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

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

3. **Date**
   11-January-2017

4. **Are you the corresponding author?**
   - Yes
   - No
   ✔

5. **Manuscript Title**
   Parenteral nutrition and insulin per protocol improve diabetes management after total pancreatectomy

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
   ✔

**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
   ✔
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Andreas Andersen has no conflicts of interest to declare

Evaluation and Feedback

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

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

3. **Date**  
   11-January-2017  

4. **Are you the corresponding author?**  
   - Yes  
   - No  

5. **Manuscript Title**  
   Parenteral nutrition and insulin per protocol improve diabetes management after total pancreatectomy  

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  

## 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
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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Dr. Sakshi Andersen has no conflicts of interest to declare

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jan Henrik
2. Surname (Last Name) Storkholm
3. Date 28-April-2017
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title Parenteral nutrition and insulin per protocol improve diabetes management after total pancreatectomy
6. Manuscript Identifying Number (if you know it) 

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes ✔ No

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Are there any relevant conflicts of interest? Yes ✔ No

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Dr. Storkholm has nothing to disclose.

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