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)**
   - Dorthe

2. **Surname (Last Name)**
   - Hjort Jakobsen

3. **Date**
   - 26-October-2017

4. Are you the corresponding author?  
   - ☑ Yes

   **Corresponding Author’s Name**
   - Lotte Linnemann Rønfeldt

5. **Manuscript Title**
   - Quality of surgical care guidelines and written patient information. A nationwide patient safety study

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

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

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   - ☑ No

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

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   - ☑ Yes  
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Dr. Hjort Jakobsen has nothing to disclose.

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**Section 1. Identifying Information**

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

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

3. **Date**
   26-October-2017

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

5. **Manuscript Title**
   Quality of surgical care guidelines and written patient information. A nationwide patient safety study

**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

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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
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Dr. Kehlet has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Henriette
2. Surname (Last Name)  Lipczak
3. Date  26-October-2017
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Lotte Linnemann Rønfeldt

5. Manuscript Title  Quality of surgical care guidelines and written patient information. A nationwide patient safety study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Lipczak has nothing to disclose.

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### Section 1. Identifying Information

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

2. **Surname (Last Name)**
   - Wennerwaldt

3. **Date**
   - 26-October-2017

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

5. **Manuscript Title**
   - Quality of surgical care guidelines and written patient information. A nationwide patient safety study

6. **Manuscript Identifying Number (if you know it)**

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Dr. Wennerwaldt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Lotte Linnemann
2. Surname (Last Name)    Rønfeldt
3. Date                      26-October-2017
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
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