ICMJE Form for Disclosure of 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 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.

1. Identifying information.

2. The work under consideration for publication.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Kasper

2. Surname (Last Name)  
   Wennervaldt

3. Date  
   25-August-2017

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

5. Manuscript Title  
   Regional variation in pancreatic surgery in Denmark 2011-2015

6. Manuscript Identifying Number (if you know it)

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Dr. Wennervaldt has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Anne Mette

2. Surname (Last Name)  
   Kejs

3. Date  
   25-August-2017

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

   Corresponding Author’s Name  
   Kasper Wennervaldt

5. Manuscript Title  
   Regional variation in pancreatic surgery in Denmark 2011-2015

6. Manuscript Identifying Number (if you know it)

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Dr. Kejs 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  25-August-2017  
4. Are you the corresponding author?  Yes  No  
   Corresponding Author’s Name  Kasper Wennervaldt  
5. Manuscript Title  Regional variation in pancreatic surgery in Denmark 2011-2015  
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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<th>1. Given Name (First Name)</th>
<th>Paul</th>
</tr>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Bartels</td>
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<tr>
<td>3. Date</td>
<td>25-August-2017</td>
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<tr>
<td>4. Are you the corresponding author?</td>
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</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Kasper Wennervaldt</td>
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<tr>
<td>5. Manuscript Title</td>
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Are there any relevant conflicts of interest? Yes | No

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Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Borre

3. Date  
   25-August-2017

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Kasper Wennervaldt

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Dr. Borre has nothing to disclose.

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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
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Claus</td>
<td>Fristrup</td>
<td>25-August-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

Kasper Wennervaldt

5. Manuscript Title

Regional variation in pancreatic surgery in Denmark 2011-2015

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 [x] No

## Section 3. Relevant financial activities 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 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 [x] No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [x] No
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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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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Fristrup has nothing to disclose.

Evaluation and Feedback

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

1. Identifying information.

2. The work under consideration for publication.

This section asks for 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 requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" 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 with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Henrik
2. Surname (Last Name) Kehlet
3. Date 25-August-2017
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Kasper Wennervaldt
5. Manuscript Title Regional variation in pancreatic surgery in Denmark 2011-2015
6. Manuscript Identifying Number (if you know it)

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Dr. Kehlet has nothing to disclose.

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