

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)

Sara Danshøj

2. Surname (Last Name)

Kristensen

3. Date

26-November-2013

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Dose closing of the mesenteric defects with clips during laparoscopic gastric bypass prevent internal hernia?

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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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Lars | 2. Surname (Last Name) Naver | 3. Date 26-November-2013 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Sara Danshøj Kristensen |
| 5. Manuscript Title "Does closure of the mesenteric defects with clips during laparoscopic gastric bypass prevent internal hernia?" | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

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Dr. Naver has nothing to disclose.

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| | | |
|--|---|--|
| 1. Given Name (First Name) Andrea Karen | 2. Surname (Last Name) Floyd | 3. Date 02-December-2013 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Sara Danshøj Kristensen |
| 5. Manuscript Title Does closure of the mesenteric defects with clips during laparoscopic gastric bypass prevent internal hernia? | | |
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