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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Bøndergaard

3. Date  
   18-June-2019

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Peter Juhl-Olsen

5. Manuscript Title  
   The effects of PRe-Operative point-of-care FOcused Cardiac Ultrasound (PreOpFOCUS) on patient outcome – protocol for a randomised trial

6. Manuscript Identifying Number (if you know it)

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Dr. Bøndergaard 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)**
   - Jacob

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

3. **Date**
   - 21-June-2019

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

**Corresponding Author’s Name**
- Peter Juhl-Olsen

5. **Manuscript Title**
   - The effects of PRe-Operative point-of-care FOcused Cardiac UltraSound (PreOpFOCUS) on patient outcome – protocol for a randomised trial

6. **Manuscript Identifying Number (if you know it)**
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## Section 2. The Work Under Consideration for Publication

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Dr Keller Andersen has no conflicts

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Section 1. Identifying Information

1. Given Name (First Name)  
Jan

2. Surname (Last Name)  
Pallesen

3. Date  
01-July-2019

4. Are you the corresponding author?  
[ ] Yes  [✓] No  
Corresponding Author’s Name  
Peter Juhl-Olsen

5. Manuscript Title  
The effects of Pre-Operative point-of-care FOcused Cardiac UltraSound (PreOpFOCUS) on patient outcome – protocol for a randomised trial

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Dr. Pallesen has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mikkel

2. Surname (Last Name)  
   Andersen

3. Date  
   26-June-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Peter Juhl-Olsen

5. Manuscript Title  
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Dr. Andersen has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>Krog</td>
<td>13-June-2019</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Peter Juhl-Olsen

5. Manuscript Title  
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Dr. Krog 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

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

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

3. **Date**  
   13-June-2019

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

5. **Corresponding Author’s Name**  
   Peter Juhl-Olsen

6. **Manuscript Title**  
   The effects of PRe-Operative point-of-care FOcused Cardiac UltraSound (PreOpFOCUS) on patient outcome – protocol for a randomised trial

7. **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  
   ✔️ 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
- No  
   ✔️ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes
- No  
   ✔️ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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Section 6. Disclosure Statement

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Dr. Malachauskiene has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lone
2. Surname (Last Name) Riis Mortensen
3. Date 22-June-2019
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name
   Peter Juhl-Olsen
5. Manuscript Title
   The effects of PRe-Operative point-of-care FOcused Cardiac UltraSound (PreOpFOCUS) on patient outcome – protocol for a randomised trial
6. Manuscript Identifying Number (if you know it)

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Dr. Riis Mortensen 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)  Michael
2. Surname (Last Name)  Bugge
3. Date  13-June-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Peter Juhl-Olsen

5. Manuscript Title
   The effects of Pre-Operative point-of-care Focused Cardiac UltraSound (PreOpFOCUS) on patient outcome – protocol for a randomised trial
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Bugge 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)**  
   Peter

2. **Surname (Last Name)**  
   Juhl-Olsen

3. **Date**  
   12-June-2019

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

5. **Manuscript Title**  
The effects of Pre-Operative point-of-care FOcused Cardiac UltraSound (PreOpFOCUS) on patient outcome – protocol for a randomised trial

**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

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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<thead>
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<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Expenses for blood samples analyses</td>
</tr>
<tr>
<td>Hospital of Southern Jutland</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Expenses for blood samples, statistical analyses and publication fees</td>
</tr>
</tbody>
</table>

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

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✔ Yes  
☐ No

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>
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<tr>
<td>Novartis</td>
<td>☐</td>
<td>✔</td>
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<td>☐</td>
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Dr. Juhl-Olsen reports grants from Department of Anaesthesiology, Randers Regional Hospital, grants from Hospital of Southern Jutland, during the conduct of the study; personal fees from Novartis, outside 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)  
   Thomas

2. Surname (Last Name)  
   Jessing

3. Date  
   19-June-2019

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Peter Juhl-Olsen

5. Manuscript Title  
   The effects of Pre-Operative point-of-care FOcused Cardiac UltraSound (PreOpFOCUS) on patient outcome – protocol for a randomised trial

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Are there any relevant conflicts of interest?  
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Dr. Jessing has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Jesper

2. Surname (Last Name)  
   Fjølner

3. Date  
   12-June-2019

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Peter Juhl-Olsen

5. Manuscript Title  
The effects of PRe-Operative point-of-care FOcused Cardiac UltraSound (PreOpFOCUS) on patient outcome – protocol for a randomised trial

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
✔ No

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Are there any relevant conflicts of interest?  
✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Fjølner 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)  
Marianne Lauridsen

2. Surname (Last Name)  
Vang

3. Date  
25-June-2019

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Peter Juhl-Olsen

5. Manuscript Title  
The effects of Pre-Operative point-of-care FOcused Cardiac UltraSound (PreOpFOCUS) on patient outcome – protocol for a randomised trial

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Are there any relevant conflicts of interest?  
☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  Rajesh
2. Surname (Last Name)  Bhavsar
3. Date 21-June-2019
4. Are you the corresponding author?  No

5. Manuscript Title
The effects of Pre-Operative point-of-care FOcused Cardiac UltraSound (PreOpFOCUS) on patient outcome – protocol for a randomised trial
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No
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Dr Bhavsar has no conflicts

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Skule Arnesen

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

3. **Date**  
   13-June-2019

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

   **Corresponding Author's Name**  
   Peter Juhl-Olsen

5. **Manuscript Title**  
   The effects of PRe-Operative point-of-care FOcused Cardiac UltraSound (PreOpFOCUS) on patient outcome – protocol for a randomised trial

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

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

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- [ ] Yes  
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- [X] No
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Dr. Bakke has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Carsten
2. Surname (Last Name)  Thee
3. Date  25-July-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Peter Juhl-Olsen
5. Manuscript Title
   The effects of PRe-Operative point-of-care FOcused Cardiac UltraSound (PreOpFOCUS) on patient outcome – protocol for a randomised trial
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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