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.

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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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

5. Relationships not covered above.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jakob
2. Surname (Last Name) Lykke
3. Date 12-December-2019

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name Anne Fogh

5. Manuscript Title
   Anastomotic leakage rate in Right Hemicolecotomy

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.

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

Section 4. Intellectual Property -- Patents & Copyrights
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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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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. Lykke has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgj-bin/feedback to provide feedback on your experience with completing this form.
Authorship Declaration • Danish Medical Journal

The present Authorship Declaration comprises mandatory author information. It is therefore important that you fill in all form fields before printing and signing it.

Manuscript title: Anastomotic Leakage rate in Right Hemicolecotomy

I hereby declare and guarantee

- that the work presented in the present manuscript has not been published elsewhere, neither in part nor in whole, and that it is not currently being assessed by the editorial staff of any other journal,

- that the work is free of any copyright issues and that the necessary rights to publish illustrations, figures and photos have been cleared, and that any persons appearing on any photos have agreed that the photos may be published

- that all necessary permissions and authorisations to use patient information, laboratory data, image diagnostic material, medical test results, etc. have been obtained,

- that the manuscript follows ICMJE policy and includes a data sharing plan when a clinical trial began enrolling participants from 01.01.2019 (read more on www.danmedj.dk),

- that the manuscript, in so far as is emanates from an organisation or department, has been cleared for submission in its present form by the head or other relevant person or persons of the organisation or department,

- that any persons or organisations mentioned under Acknowledgments have agreed to such mention,

- that the work presented in this manuscript will not be published anywhere else, including the news media, before being published in the Danish Medical Journal, www.danmedj.dk or rejected, except by prior agreement with the Editorial Committee,

- that all authors meet all four authorship criteria as provided by the Vancouver rules: 1) Substantial contributions to: the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work. 2) Drafting the work or revising it critically for important intellectual content. 3) Final approval of the version to be published. 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

- that the appendix »ICMJE Form for Disclosure of Potential Conflicts of Interest« has been filled in and submitted along with this »Authorship Declaration«.

Corresponding author:

Name: Anne Fogh Juvik

Address: Kildehusvej 59, 4000 Roskilde

Daytime phone number: 22442420 E-mail: annefogh@dadlnet.dk

Authorship presupposes that you meet all four Vancouver authorship criteria mentioned above. This includes anyone who is listed as authors of multicenter studies. Anyone who has contributed to the work but who are not co-authors should be listed in Acknowledgments.
Acknowledgements:

Manuscript title:

Anyone contributing to the work without meeting the requirements to appear as a co-author in pursuance of Vancouver rules should be mentioned under Acknowledgements along with a description of their contribution.

It is the responsibility of the authors that all persons and organisations mentioned under Acknowledgements have accepted such mention.

Acknowledgements (Please fill in all fields for every person/organisation)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Sarah
2. Surname (Last Name)  Nicken
3. Date  27.12.19
4. Are you the corresponding author?  □ Yes  □ No
5. Manuscript Title  Anastomotic Leakage rate in Right Hemicolectomy
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.)?  □ 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
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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Section 6. Disclosure Statement

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Evaluation and Feedback

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**Definitions.**

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**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
### Section 1. Identifying Information

1. **Given Name (First Name)**
   Mai-Britt

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

3. **Date**
   08-December-2019

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

   **Corresponding Author’s Name**
   Anne Fogh Juvik

5. **Manuscript Title**
   Anastomotic Leakage rate in Right Hemicolecotomy

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 [✓]

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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 [✓]
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Dr. Tolstrup 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)  Mads
2. Surname (Last Name)  Klein
3. Date  08-December-2019
4. Are you the corresponding author?  Yes  No
   ✔

Corresponding Author's Name  Anne Fogh Juvik

5. Manuscript Title  Anastomotic Leakage rate in Right Hemicolectomy

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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Are there any relevant conflicts of interest?  Yes  No  ✔

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No  ✔
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Dr. Klein has nothing to disclose.

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1. Identifying information.
   - Full name
   - Affiliation
   - E-mail address
   - Address

2. The work under consideration for publication.
   - Title of the work
   - Journal name
   - Issue number
   - Page number

3. Relevant financial activities outside the submitted work.
   - List any financial activities (e.g., grants, consulting, honoraria) that have been or could be perceived to influence the work.
   - Include any financial activities that are not related to the work.

   - List any intellectual property (e.g., patents, copyrights) that may influence the work.

5. Relationships not covered above.
   - List any relationships that may influence the work but are not covered above.

Definitions:
- Employment: A formal contract that establishes an employer-employee relationship.
- Honoraria: Fees paid for services rendered, generally for speaking engagements, consultations, expert testimony, and other similar activities.
- Non-Financial Support: Samples include equipment, software, or other supplies.

Author Guidelines:
- All forms must be submitted with the manuscript.
- Any changes to the forms must be made in the online submission system.
- Investigators should submit a separate form for each author.
- All forms must be signed by the author.

Important Note:
- Failure to complete the forms accurately and completely may delay the publication of your manuscript.

ICMJE Disclosure Form

Date:

Signature:
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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<td>Anne Fogh</td>
<td>Juvik</td>
<td>06-January-2020</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [ ] No

5. Manuscript Title  
   Anastomotic Leakage rate in right hemicolectomy

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### Section 2. The Work Under Consideration for Publication

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   - [ ] Yes  
   - [ ] No
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**Section 5.** Relationships not covered above

Potentially influencing relationships, activities, or other interests that readers could perceive to have influenced, or that give the appearance of having influenced, the objectivity of the research reported in this paper.

No other relationships/conditions/circumstances that present a potential conflict of interest.

Yes, the following relationships/conditions/circumstances are present (explain below):

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**Section 6.** Disclosure Statement

In accordance with our policy, all authors are required to disclose further information about reported relationships.

At the time of manuscript acceptance, authors will be required to confirm and, if necessary, update their disclosure statements.

**Section 7.** Disclosure Form for Disclosure of Potential Conflicts of Interest

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