

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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2. The work under consideration for publication.

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4. Intellectual Property.

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 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.)?

Are there any relevant conflicts of interest? Yes No

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Intellectual Property -- Patents & Copyrights

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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/cgi-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 Hemicolectomy

Article no. – (if known):

Manuscript type Original article

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 it 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@dadinet.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

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)

Person/Organisation

Contribution



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Section 1. Identifying Information

1. Given Name (First Name) Sarah 2. Surname (Last Name) Nickson 3. Date 27.12.19
4. Are you the corresponding author? Yes No
5. Manuscript Title
Anastomatic Leakage rate in Right Hemicolectomy
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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Dr. Tolstrup has nothing to disclose.

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Fogh Juvik
5. Manuscript Title Anastomotic Leakage rate in Right Hemicolectomy		
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Dr. Klein 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 Fogh
 2. Surname (Last Name) Juvik
 3. Date 06-January-2020

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

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