

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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.

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**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)  
Khadra

2. Surname (Last Name)  
Bashir Mohamed

3. Date  
09-October-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Time from surgery to adjuvant chemotherapy in patients undergoing colorectal cancer surgery in an ERAS setting

6. Manuscript Identifying Number (if you know it)

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Dr. Bashir Mohamed 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  
2. Surname (Last Name) Fogh Juvik  
3. Date 09-October-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Time from surgery to adjuvant chemotherapy in patients undergoing colorectal cancer surgery in an ERAS setting

6. Manuscript Identifying Number (if you know it)

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Dr. Fogh Juvik has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Pia

2. Surname (Last Name)  
Munk-Madsen

3. Date  
09-October-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Time from surgery to adjuvant chemotherapy in patients undergoing colorectal cancer surgery in an ERAS setting

6. Manuscript Identifying Number (if you know it)

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Nurse Munk-Madsen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Jens

2. Surname (Last Name)

Ravn Eriksen

3. Date

09-October-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Time from surgery to adjuvant chemotherapy in patients undergoing colorectal cancer surgery in an ERAS setting

6. Manuscript Identifying Number (if you know it)

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Dr. Ravn Eriksen has nothing to disclose.

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Henrik

2. Surname (Last Name)  
Kehlet

3. Date  
09-October-2019

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Professor Kehlet has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date  
Ismail Gögenur 09-October-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Time from surgery to adjuvant chemotherapy in patients undergoing colorectal cancer surgery in an ERAS setting

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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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**.

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

Professor Gögenur has nothing to disclose.

### Evaluation and Feedback

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