

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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.

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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)

Rasmus

2. Surname (Last Name)

Due-Petersson

3. Date

14-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Effect and safety of Endoscopic Sleeve Gastroplasty for treating obesity: a systematic review

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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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. Due-Petersson has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Inge Marie | 2. Surname (Last Name) Poulsen | 3. Date 14-May-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Rasmus Due-Petersson |
| 5. Manuscript Title Effect and safety of Endoscopic Sleeve Gastroplasty for treating obesity: a systematic review | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Dr. Poulsen has nothing to disclose.

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| | | |
|--|---|---|
| 1. Given Name (First Name) Nora | 2. Surname (Last Name) Hedbäck | 3. Date 14-May-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Rasmus Due-Petersson |
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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.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| European Research Council | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Co-author Nora Hedbäck supported by Grant no 695069-BYPASSWITHOUTSURGERY |

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Dr. Hedbäck reports grants from European Research Council , during the conduct of the study; .

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