



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Fie Brantbjerg

2. Surname (Last Name)
Tinning

3. Date
06-January-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Kongenitte portosystemiske shunts, diagnose og behandling af en multisystemisk sygdom

6. Manuscript Identifying Number (if you know it)
UFL-09-20-0713

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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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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Dr. Tinning has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Olav Bennike Bjørn

2. Surname (Last Name)

Petersen

3. Date

12-January-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Kongenitte protosystemiske shunts, diagnose og behandling af en multisystemisk sygdom

6. Manuscript Identifying Number (if you know it)

UFL-09-20-0713

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Dr. Petersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jesper

2. Surname (Last Name)
Steensberg

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Fie Brantbjerg Tinning

5. Manuscript Title

Kongenitte portosystemiske shunts, diagnose og behandling af en multisystemisk sygdom

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Dr. Steensberg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Frederik

2. Surname (Last Name)
Buchvald

3. Date
08-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Fie Brantbjerg Tinning

5. Manuscript Title

Kongenitte portosystemiske shunts, diagnose og behandling af en multisystemisk sygdom

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Dr. Buchvald has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Eva
2. Surname (Last Name) Fallentin
3. Date 08-January-2021
4. Are you the corresponding author? Yes No Corresponding Author's Name
Fie Brantbjerg Tinning
5. Manuscript Title
Kongenitte portosystemiske shunts, diagnose og behandling af en multisystemisk sygdom
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1. Given Name (First Name)
Allan

2. Surname (Last Name)
Rasmussen

3. Date
08-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Fie Brantbjerg Tinning

5. Manuscript Title

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Dr. Rasmussen has nothing to disclose.

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Dr. Frevert has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Marianne Hørby

2. Surname (Last Name)
Jørgensen

3. Date
11-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Fie Brantbjerg Tinning

5. Manuscript Title

Kongenitte portosystemiske shunts, diagnose og behandling af en multisystemisk sygdom

6. Manuscript Identifying Number (if you know it)

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