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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Katia Ohm

2. Surname (Last Name)  
   Oreskov

3. Date  
   09-September-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Preoperative NLR in correlation with postoperative outcomes after major emergency abdominal surgery

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   ✔ No  
   Yes

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   ✔ No  
   Yes

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   Yes
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Dr. Oreskov has nothing to disclose.

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<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Kristian Kiim</td>
<td>Jensen</td>
<td>09-September-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Katia Ohm Oreskov

5. Manuscript Title
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Dr. Jensen has nothing to disclose.

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Gögenur
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ismail
2. Surname (Last Name) Gögenur
3. Date 09-September-2020
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Katia Ohm Oreskov
5. Manuscript Title Preoperative NLR in correlation with postoperative outcomes after major emergency abdominal surgery
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Camilla

2. Surname (Last Name)  
Godthaab

3. Date  
09-September-2020

4. Are you the corresponding author?  

   - [ ] Yes  
   - [X] No

   Corresponding Author’s Name  
Katia Ohm Oreskov

5. Manuscript Title  
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Godthaab
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Anders Bech

2. Surname (Last Name)  
   Jørgensen

3. Date  
   09-September-2020

4. Are you the corresponding author?  
   Yes ☐ No ✔

   Corresponding Author’s Name  
   Katia Ohm Oreskov

5. Manuscript Title  
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Dr. Jørgensen has nothing to disclose.

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1. Given Name (First Name) Jakob Ohm
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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?

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Dr. Oreskov has nothing to disclose.

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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
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1. Given Name (First Name) Jakob
2. Surname (Last Name) Burcharth
3. Date 09-September-2020
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Katia Ohm Oreskov
5. Manuscript Title Preoperative NLR in correlation with postoperative outcomes after major emergency abdominal surgery
6. Manuscript Identifying Number (if you know it)

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Sarah

2. Surname (Last Name)  
Ekeloef

3. Date  
09-September-2020

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

Corresponding Author’s Name  
Katia Ohm Oreskov

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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