

## 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.

#### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kenney

2. Surname (Last Name)  
Fehrenkamp Pedersen

3. Date  
23-September-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Laparoscopic treatment of chronic pain following inguinal hernia repair. A narrative review of the literature.

6. Manuscript Identifying Number (if you know it)  
LS-20-124

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

Dr. Fehrenkamp Pedersen has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

David

2. Surname (Last Name)

Krpata

3. Date

23-September-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Kenney Fehrenkamp Pedersen

5. Manuscript Title

Laparoscopic treatment of chronic pain following inguinal hernia repair. A narrative review of the literature.

6. Manuscript Identifying Number (if you know it)

LS-20-124

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Dr. Krpata 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) Michael

2. Surname (Last Name) Rosen

3. Date 21-September-2020

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Kenney Pederson

5. Manuscript Title Laparoscopic treatment of chronic pain following inguinal hernia repair. A narrative review of the literature.

6. Manuscript Identifying Number (if you know it) LS-20-124

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Abdominal Core Health Quality Collaborative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	501c3 non profit medical director
Intuitive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to my institution
Pacira	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paid to my institution

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Dr. Rosen reports personal fees from Abdominal Core Health Quality Collaborative for his role as medical director of this non profit organization and grants paid to his institution from Intuitive and Pacira outside the submitted work.

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1. Given Name (First Name)

Thue

2. Surname (Last Name)

Bisgaard

3. Date

23-September-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Kenney Fehrenkamp Pedersen

5. Manuscript Title

Laparoscopic treatment of chronic pain following inguinal hernia repair. A narrative review of the literature.

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Dr. Bisgaard has nothing to disclose.

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