

# ICMJE DISCLOSURE FORM

**Date:** 2/21/2022

**Your Name:** Atul Shukla

**Manuscript Title:** The No-Need-To-See initiative? Adrenal incidentalomas and effectiveness of patient pathway transformation.

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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**Date:** 2/21/2022

**Your Name:** Karen Krogh Fjeldborg

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**Date:** 2/21/2022

**Your Name:** Klavs Würgler Hansen

**Manuscript Title:** The No-Need-To-See initiative? Adrenal incidentalomas and effectiveness of patient pathway transformation.

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**Date:** 2/21/2022

**Your Name:** Andreas Ebbehoj

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