

ICMJE DISCLOSURE FORM

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Date: 24. juni 2025

Your name: Sara Louise Olesen

Manuscript title: Reviewing clinical justification of acute abdominal CT scans from a Danish surgical department.

Manuscript number (if known):

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Time frame: Since the initial planning of the work		
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Time frame: past 36 months

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Date: 24. juni 2025

Your name: Ida Hylander Frederiksen

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Manuscript number (if known):

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Date: 24. juni 2025

Your name: Thomas Hessellund

Manuscript title: Reviewing clinical justification of acute abdominal CT scans from a Danish surgical department.

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Your name: Peter Derek Christian Leutscher

Manuscript title: Reviewing clinical justification of acute abdominal CT scans from a Danish surgical department.

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Your name: Kathrine Holte

Manuscript title: Reviewing clinical justification of acute abdominal CT scans from a Danish surgical Department.

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