

INSTRUCTIONS:

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Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

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5. Nonfinancial associations.

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Section 1. Identifying Information.

Given Name: (or first)	Kim	Surname: (or last)	Holmsted	Effective Date: 01-April-2011	
Are you the corresponding author?					
Correspondin	g author's name:				
Manuscript T	itle: Unexpected abdom	inal findings or	n staging CT in patients with color	rectal cancer	
Manuscript Ic	lentifying Number (if y	ou know it):			
Section 2. Info	ormation about the	support of t	he work under considerat	tion for publication.	
,	•	1 ,	t or support in kind for any aspect manuscript preparation, statistica	ct of the submitted work (including but not al analysis, etc)?	
⊠ No					
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Place a check in compensation) as you need. U know about the disclose relation	the appropriate boxes in with any entities that have see the comments column a compensation. Report in this ships that fall outside the	n the table to in re an interest re a to indicate and relationships the e 36-month win	dicate whether you have financial lated to the submitted work. Use y additional information that you lat were present during the 36 me	al relationships (regardless of amount of e one line for each entity; add as many lines think a reader or editor would want to onths prior to submission. In addition please now about and could reasonably criticize	
If you have me	ore than one relationship	click "Add +"	to add a row. Click "Del X" to	delete an extra row	

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del ×
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Consultancy	\boxtimes					Del ×
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Employment	\boxtimes					Del ×
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
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Gifts	\boxtimes					Del ×
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Grants/grants pending	\boxtimes					Del ×
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Honoraria	\boxtimes					Del ×
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Payment for manuscript preparation	\boxtimes					Del ×
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Patents (planned, pending or issued)	\boxtimes					Del ×
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Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del×
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Stock/stock options	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Board membership						Del ×



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Expert testimony	\boxtimes					Del ×
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Gifts	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Are you the corresponding author? Yes No Corresponding author's name:						
Corresponding	g author's name:					
Manuscript Ti	itle: Unexpected abdomi	nal findings on	staging CT in patients with colo	rectal cancer		
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership						Del ×
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Consultancy						Del ×
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Gifts	\boxtimes					Del ×
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Jess

Surname:

Effective Date: 01-April-2011

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Given Name:

(or first)		(01 13	ast)		1 07 4	. 2000
Are you the correspond	ling auth	or? ⊠ Yes	☐ No		Format example: 07-Augu	1st-2008
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Type of Relationship		Money	Money to			
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