



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) THOMAS 2. Surname (Last Name) CHRISTENSEN 3. Date 22/3-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title Prognostic value of use of journal pi CT

6. Manuscript Identifying Number (if you know it) UFL-01-17-0061

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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Section 1. Identifying Information

1. Given Name (First Name)

SAMI

2. Surname (Last Name)

BEJI

3. Date

24/3-2017

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

UROGENITAL TUBERKULOSE FUNDET PÅ CT

6. Manuscript Identifying Number (if you know it)

UFL-01-17-0061

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Section 1. Identifying Information

1. Given Name (First Name) **NIS** 2. Surname (Last Name) **NORGAARD** 3. Date **24/3-2017**

4. Are you the corresponding author? Yes No

5. Manuscript Title **WROBENITAL TUBERKULOSE FUNDET PÅ CT**
6. Manuscript Identifying Number (if you know it) **WFL-01-17-0061**

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