

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Marie Louise

2. Surname (Last Name)  
Malmstrøm

3. Date  
08-June-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Endoskopisk ultralyd til optimeret stadieinddeling samt bedre patientseleksion ved koloncancer

6. Manuscript Identifying Number (if you know it)

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Dr. Malmstrøm 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) Trine	2. Surname (Last Name) Perner	3. Date 08-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marie Louise Malmstrøm
5. Manuscript Title Endoskopisk ultralyd til optimeret stadieinddeling samt bedre patientseleksion ved koloncancer		
6. Manuscript Identifying Number (if you know it)		

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Dr. Perner has nothing to disclose.

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1. Given Name (First Name)  
Peter

2. Surname (Last Name)  
Vilmann

3. Date  
08-June-2017

4. Are you the corresponding author?  Yes  No Corresponding Author's Name  
Marie Louise Malmstrøm

5. Manuscript Title  
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Dr. Vilmann has nothing to disclose.

8/6.17 Peter Vilmann

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Ismail

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Gögenur

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 Yes

No

Corresponding Author's Name

Marie Louise Malmstrøm

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