

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Claus

2. Surname (Last Name)
Dahl

3. Date
13-May-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Nessn H. Azawi

5. Manuscript Title
Incidence of Benign Lesions for Clinically Localized Renal Masses

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Dahl 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)
Lili

2. Surname (Last Name)
Winck-Flyvholm

3. Date
13-May-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Nessn H. Azawi

5. Manuscript Title
Incidence of Benign Lesions for Clinically Localized Renal Masses

6. Manuscript Identifying Number (if you know it)

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Dr. Winck-Flyvholm has nothing to disclose.

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1. Given Name (First Name)

Christina Lindkvist

2. Surname (Last Name)

Pedersen

3. Date

13-May-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Nessn H. Azawi

5. Manuscript Title

Incidence of Benign Lesions for Clinically Localized Renal Masses

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1. Given Name (First Name)
Nessn

2. Surname (Last Name)
Azawi

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13-May-2014

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