

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.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)
Dam

3. Date
13-January-2015

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
CT assessment of response to neoadjuvant therapy in colon cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Dam has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Søren

2. Surname (Last Name)
Rafaelsen

3. Date
07-January-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Claus Dam

5. Manuscript Title
CT assessment of response to neoadjuvant therapy in colon cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Rafaelsen has nothing to disclose.

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1. Given Name (First Name) Anders	2. Surname (Last Name) Jakobsen	3. Date 07-January-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Claus Dam
5. Manuscript Title CT assessment of response to neoadjuvant therapy in colon cancer		
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Vera

2. Surname (Last Name)
Lund-Rasmussen

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13-January-2015

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Corresponding Author's Name
Claus Dam

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