

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kasper Daugaard

2. Surname (Last Name)  
Larsen

3. Date  
02-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Ultralydsvejledt radiofrekvensablation til behandling af symptomgivende benigne thyroideaknuder

6. Manuscript Identifying Number (if you know it)  
UFL-06-20-0485

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Dr. Larsen has nothing to disclose.

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1. Given Name (First Name)  
Kåre

2. Surname (Last Name)  
Håkansson

3. Date  
02-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Ultralydsvejledt radiofrekvensablation til behandling af symptomgivende benigne thyroideaknuder

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Dr. Håkansson has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Charlotte Landbo

2. Surname (Last Name)

Tofteng

3. Date

02-July-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Ultralydsvejledt radiofrekvensablation til behandling af symptomgivende benigne thyroideaknuder

6. Manuscript Identifying Number (if you know it)

UFL-06-20-0485

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### Section 1. Identifying Information

1. Given Name (First Name)

Michael Eric

2. Surname (Last Name)

Papesch

3. Date

02-July-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Ultralydsvejledt radiofrekvensablation til behandling af symptomgivende benigne thyroideaknuder

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Dr. Papesch has nothing to disclose.

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Preben

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Homøe

3. Date

02-July-2020

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Dr. Homøe has nothing to disclose.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Tobias

2. Surname (Last Name)  
Todsén

3. Date  
02-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Ultralydsvejledt radiofrekvensablation til behandling af symptomgivende benigne thyroideaknuder

6. Manuscript Identifying Number (if you know it)  
UFL-06-20-0485

### 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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Todsén has nothing to disclose.

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