

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Katarina

2. Surname (Last Name)
Levic Souzani

3. Date
27-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Variety of Scandinavian surveillance follow-up programs in patients with malignant colorectal polyps.

6. Manuscript Identifying Number (if you know it)

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Dr. Levic Souzani has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Orhan	2. Surname (Last Name) Bulut	3. Date 27-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katarina Levic Souzani
5. Manuscript Title Variety of Scandinavian surveillance follow-up programs in patients with malignant colorectal polyps.		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)
Thue

2. Surname (Last Name)
Bisgaard

3. Date
27-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Katarina Levic Souzani

5. Manuscript Title
Variety of Scandinavian surveillance follow-up programs in patients with malignant colorectal polyps.

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1. Given Name (First Name) Eva	2. Surname (Last Name) Angetete	3. Date 27-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katarina Levic Souzani
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Corresponding Author's Name

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5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Odd	2. Surname (Last Name) Mjåland	3. Date 27-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katarina Levic Souzani
5. Manuscript Title Variety of Scandinavian surveillance follow-up programs in patients with malignant colorectal polyps.		
6. Manuscript Identifying Number (if you know it)		

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

Section 3. Relevant financial activities outside the submitted work.

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**.

Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Mjåland has nothing to disclose.

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