

ICMJE DISCLOSURE FORM

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Date: 3. august 2021

Your name: Søren Rafaelsen

Manuscript title: Split Scar Sign som udtryk for komplet respons ved behandling af rectumcancer

Manuscript number (if known):

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
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13	Other financial or non-financial interests	X None	

Please place an "X" next to the following statement to indicate your agreement:

[X] I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 3. august 2021

Your name: Marie-Louise Niebe Kærup

Manuscript title: Split Scar Sign som udtryk for komplet respons ved behandling af rectumcancer

Manuscript number (if known):

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