Dat	Date: 21. februar 2022			
Your name: Tobias Vennervald Andersen				
Mai	Manuscript title: The use of Spinal Needles for Ultrasound-guided Fine Needle Aspiration from Thyroid			
Mai	nuscript number (if known)	:		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.				
	following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
per	tains to the epidemiology o	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.	
	em #1 below, report all sup er items, the time frame for		d in this manuscript without time limit. For all months.	
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	e frame: Since the initial plan			
1	All support for the present manuscript (e.g., funding, provision of study	<b>⊠</b> None		
	materials, medical writing, article processing charges,			
	etc.)  No time limit for this item.			
		<u>I</u>	Click TAB in last row to add extra rows	
Time	e frame: past 36 months			
2	Grants or contracts from	<b>⊠</b> None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	<b>⊠</b> None		

4	Consulting fees	<b>⊠</b> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<b>⊠ None</b>	
6	Payment for expert testimony	<b>⊠ None</b>	
7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
8	Patents planned, issued or	<b>⊠</b> None	
	pending		
9	Doubleinstien en e Dobe	<b>S</b>	
9	Participation on a Data Safety Monitoring Board or	<b>⊠</b> None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	<b>⊠</b> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock antions	N N	
11	Stock or stock options	<b>⊠</b> None	
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12	Receipt of equipment, materials, drugs, medical	<b>⊠</b> None	
	writing, gifts or other		
	services		
4.2	Other formation	<b>.</b>	
13	Other financial or non- financial interests	<b>⊠</b> None	
	illianciai iliterests		

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date: 21. februar 2022				
Your name: Jens Pedersen				
Mai	Manuscript title: The use of Spinal Needles for Ultrasound-guided Fine Needle Aspiration from Thyroid			
Mai	nuscript number (if known)	:		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.				
	following questions apply t nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
per	tains to the epidemiology o	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.	
	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.			
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	<b>⊠</b> None		

4	Consulting fees	<b>⊠</b> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<b>⊠ None</b>	
6	Payment for expert testimony	<b>⊠ None</b>	
7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
8	Patents planned, issued or	<b>⊠</b> None	
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9	Participation on a Data Safety Monitoring Board or	<b>⊠</b> None	
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10	Leadership or fiduciary role in other board, society,	<b>⊠</b> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock antions	N N	
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12	Receipt of equipment, materials, drugs, medical	<b>⊠</b> None	
	writing, gifts or other		
	services		
4.2	Other formation	<b>.</b>	
13	Other financial or non- financial interests	<b>⊠</b> None	
	illianciai iliterests		

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 3. marts 2022			
Your name: Luise Andersen				
Mar	Manuscript title: The use of Spinal Needles for Ultrasound-guided Fine Needle			
Mar	nuscript number (if known)	:		
are third com	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			
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pert	ains to the epidemiology o	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.	
	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.			
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	e frame: Since the initial plan			
1	All support for the present manuscript (e.g., funding,	<b>⊠</b> None		
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	in item #1 above).			
3	Royalties or licenses	<b>☑</b> None		

4	Consulting fees	<b>⊠</b> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<b>⊠ None</b>	
6	Payment for expert testimony	<b>⊠ None</b>	
7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
8	Patents planned, issued or	<b>⊠</b> None	
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9	Participation on a Data Safety Monitoring Board or	<b>⊠</b> None	
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10	Leadership or fiduciary role in other board, society,	<b>⊠</b> None	
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11	Stock or stock antions	N N	
11	Stock or stock options	<b>⊠</b> None	
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12	Receipt of equipment, materials, drugs, medical	<b>⊠</b> None	
	writing, gifts or other		
	services		
4.2	Other formation	<b>.</b>	
13	Other financial or non- financial interests	<b>⊠</b> None	
	illianciai iliterests		

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	<b>e</b> : 1. marts 2022		
	Ir name: Gitte Bjørn Hvils	som	
			sound-guided Fine Needle Aspiration from Thyroid
	•		Sound-guided Time Needle Aspiration from Thyroid
IVIA	nuscript number (if known	).	
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	All support for the present manuscript (e.g., funding, provision of study	relationship or indicate none (add rows as needed) ning of the work	' • ' • ' • ' • ' • ' • ' • ' • ' • '
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relationship or indicate none (add rows as needed) ning of the work	' • ' • ' • ' • ' • ' • ' • ' • ' • '
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	relationship or indicate none (add rows as needed) ning of the work	' • ' • ' • ' • ' • ' • ' • ' • ' • '
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	relationship or indicate none (add rows as needed) ning of the work	institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  e frame: past 36 months	relationship or indicate none (add rows as needed) ning of the work	institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	relationship or indicate none (add rows as needed) ning of the work  None	institution)
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4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations,	None     Non	
	speakers bureaus,		
	manuscript writing or educational events		
	oddodilonal events		
6	Payment for expert	None     Non	
	testimony		
7	Support for attending	None     Non	
	meetings and/or travel		
8	Patents planned, issued or	None     Non	
	pending		
9	Participation on a Data	☑ None	
	Safety Monitoring Board or Advisory Board		
	of Advisory Board		
10	Leadership or fiduciary	None     Non	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None     Non	
12	Receipt of equipment,	None     Non	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	None     ■	
	manda morests		

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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 22. februar 2022		
You	r name: Marie Røsland R	osenørn	
Mar	nuscript title: The use	e of Spinal Needles for Ultra	sound-guided Fine Needle Aspiration from Thyroid
Mar	nuscript number (if known)	):	
are re third comr list a The f	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit cent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  Dis/activities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<b>⊠ None</b>	
3	Royalties or licenses	<b>⊠</b> None	

4	Consulting fees	<b>⊠</b> None	
5	Payment or honoraria for	<b>⊠</b> None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
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6	Payment for expert	<b>⊠</b> None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data None		
	Safety Monitoring Board	<b>⊠</b> None	
	or Advisory Board		
10	Leadership or fiduciary	<b>⊠</b> None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	<b>⊠</b> None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other services		
	sei vices		
13	Other financial or non-	<b>⊠</b> None	
	financial interests		

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 22. februar 2022		
You	r name: Anne Fog Lomh	nolt	
Mar	nuscript title: The use o	of Spinal Needles for U	JItrasound-guided Fine Needle
	nuscript number (if known		· ·
are re third comn	elated to the content of your parties whose interests m	our manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plar	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None     Non	
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	⊠ None	
	in item #1 above).		
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4	Consulting fees	None     ■     None     Non
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non-financial interests	None

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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	<b>e</b> : 23. februar 2021			
You	r name: Laszlo Hegedüs			
Mai	Manuscript title: The use of spinal needles for ultrasound-guided fine needle aspiration from thyroid			
Mai	nuscript number (if known)	:		
are thir com	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			
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	em #1 below, report all super items, the time frame for		d in this manuscript without time limit. For all months.	
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	e frame: Since the initial plan	1		
1	All support for the present manuscript (e.g., funding,	<b>⊠</b> None		
	provision of study			
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4	Consulting fees	<b>⊠</b> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<b>⊠ None</b>	
6	Payment for expert testimony	<b>⊠ None</b>	
7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
8	Patents planned, issued or	<b>⊠</b> None	
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9	Participation on a Data Safety Monitoring Board or	<b>⊠</b> None	
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10	Leadership or fiduciary role in other board, society,	<b>⊠</b> None	
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12	Receipt of equipment, materials, drugs, medical	<b>⊠</b> None	
	writing, gifts or other		
	services		
4.2	Other formation	<b>.</b>	
13	Other financial or non- financial interests	<b>⊠</b> None	
	iniancial interests		

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	Date: Klik eller tryk for at angive en dato.			
You	r name: Katalin Kiss			
Mar	Manuscript title: The use of Spinal Needles for Ultrasound-guided Fine Needle			
Mar	nuscript number (if know	n):		
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pert	tains to the epidemiology	of hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.	
		upport for the work reporte or disclosure is the past 36 r	d in this manuscript without time limit. For all months.	
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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1	All support for the present manuscript (e.g., funding,	<b>⊠</b> None		
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3	Royalties or licenses	<b>⊠</b> None		

4	Consulting fees	<b>⊠</b> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<b>⊠ None</b>	
6	Payment for expert testimony	<b>⊠ None</b>	
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	meetings and/or travel		
8	Patents planned, issued or	<b>⊠</b> None	
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9	Participation on a Data Safety Monitoring Board or	<b>⊠</b> None	
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10	Leadership or fiduciary role in other board, society,	<b>⊠</b> None	
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11	Stock or stock options	<b>⊠</b> None	
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12	Receipt of equipment, materials, drugs, medical	<b>⊠</b> None	
	writing, gifts or other		
	services		
4.2	Other formation	<b>.</b>	
13	Other financial or non- financial interests	<b>⊠</b> None	
	iniancial interests		

 $\boxtimes$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	<b>e</b> : 22. februar 2022		
You	ır name: Preben Homøe		
Mai	nuscript title: The us	se of Spinal Needles for Ultra	sound-guided Fine Needle Aspiration from Thyroid
Mai	nuscript number (if known	n):	
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The aperta	ains to the epidemiology of hypertensive medication, e	f hypertension, you should ven if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all months.
		Name all antition with	Considerations/Comments
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial pla	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
Timo	e frame: Since the initial plane.  All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
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4	Consulting fees	<b>⊠</b> None	
5	Payment or honoraria for	<b>⊠</b> None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	_		
6	Payment for expert	<b>⊠</b> None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	None.	
	Safety Monitoring Board	<b>⊠</b> None	
	or Advisory Board		
10	Leadership or fiduciary	<b>⊠</b> None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	<b>⊠</b> None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other services		
	sei vices		
13	Other financial or non-	<b>⊠</b> None	
	financial interests		

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 22. februar 2022		
You	r name: Giedrius Lelkaiti	S	
Mar	nuscript title: The use	e of Spinal Needles for Ultra	sound-guided Fine Needle Aspiration from Thyroid
Mar	nuscript number (if known	):	
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	uscript only.	·	·
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     Non	
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	⊠ None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
13	Other financial or non- financial interests	None

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Dat	Date: 22. februar 2022			
Your name: Tobias Todsen				
Mai	Manuscript title: The use of Spinal Needles for Ultrasound-guided Fine Needle Aspiration from Thyroid			
Mai	Manuscript number (if known):			
are thire com	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
pert	tains to the epidemiology o	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.	
	em #1 below, report all super items, the time frame for	•	d in this manuscript without time limit. For all months.	
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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1	manuscript (e.g., funding, provision of study	⊠ None		
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Time 2	article processing charges, etc.)  No time limit for this item.  e frame: past 36 months  Grants or contracts from	None	Click TAB in last row to add extra rows	
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4	Consulting fees	<b>⊠</b> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<b>⊠</b> None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	<b>⊠</b> None	
8	Patents planned, issued or pending	□ <b>None</b> 2022	Patent pending. No conflict of interest with this study.
9	Participation on a Data Safety Monitoring Board or Advisory Board	<b>⊠</b> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<b>⊠</b> None	
11	Stock or stock options	<b>⊠</b> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None  BK Ultrasound  GE Healthcare Systems	2018: Borrowed an ultrasound machine for a research project. 2014+15: Borrowed some ultrasound machines for a research project.
13	Other financial or non- financial interests	<b>⊠</b> None	

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Dat	e: 22,02.2022		
You	ur name: Finn Noe Benn	edbæk	
Ma	nuscript title: The u	se of Spinal Needles for Ultra	sound-guided Fine Needle Aspiration from Thyroid
Ma	nuscript number (if know	า):	
are r third comi	related to the content of your parties whose interests miniment to transparency a	our manuscript. "Related" nay be affected by the conf	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
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Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None
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6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	⊠ None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non- financial interests	None

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Date: 21. februar 2022							
Your name: Christoffer Holst hahn							
Mai	Manuscript title: The use of Spinal Needles for Ultrasound-guided Fine Needle Aspiration from Thyroid						
Mai	Manuscript number (if known):						
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>							
mar	nuscript only.						
per	The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.						
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.							
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)				
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4	Consulting fees	None			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None			
6	Payment for expert testimony	⊠ None			
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	⊠ None			
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None			
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None			
11	Stock or stock options	None     Non			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None			
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13	Other financial or non- financial interests	⊠ None			
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