

# ICMJE DISCLOSURE FORM

**Date:** 3/3/2024

**Your Name:** Ida Lund Lorenzen

**Manuscript Title:** A survey study on shared decision making during surgical thyroid consultations

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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: Since the initial planning of the work								
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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# ICMJE DISCLOSURE FORM

**Date:** 3/5/2024

**Your Name:** Anne Louise Kjær Olesen

**Manuscript Title:** A survey study on shared decision-making during surgical thyroid consultations

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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# ICMJE DISCLOSURE FORM

**Date:** 28-2-2024

**Your Name:** Christian Sander Danstrup

**Manuscript Title:** A survey study on shared decision-making during surgical thyroid consultations

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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Date: 27. februar 2024

Your name: Nina Munk Lyhne

Manuscript title: A survey study on shared decision-making during surgical thyroid consultations

Manuscript number (if known):

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