

# ICMJE DISCLOSURE FORM

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**Date:** 8. november 2025

**Your name:** Theresa Brem Sørensen

**Manuscript title:** Impact of Preoperative Imaging on the Negative Appendectomy Rate in Acute

**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.

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<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
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**Date:** 9. november 2025

**Your name:** Lucas Kahl Angaard

**Manuscript title:** Impact of Preoperative Imaging on the Negative Appendectomy Rate in Acute

**Manuscript number (if known):**

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**Date:** 18. november 2025

**Your name:** David Reiss Axelsen

**Manuscript title:** Impact of Preoperative Imaging on the Negative Appendectomy Rate in Acute

**Manuscript number (if known):**

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**Date:** 10. november 2025

**Your name:** Mette Cathrine Lauridsen

**Manuscript title:** Impact of Preoperative Imaging on the Negative Appendectomy Rate in Acute

**Manuscript number (if known):**

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