ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  2. Surname (Last Name)  3. Date
Thomas Foged 20-December-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Practice of preoperative mammography before non-oncologic breast surgery

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Foged has nothing to disclose.

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1. Given Name (First Name)  
   Jens Ahm  
2. Surname (Last Name)  
   Sørensen  
3. Date  
   20-December-2014  
4. Are you the corresponding author?  
   Yes  
   No  
   Corresponding Author’s Name  
   Thomas Foged  
5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name) Katrine Lydolph
2. Surname (Last Name) Søe
3. Date 20-December-2014

4. Are you the corresponding author? Yes [ ] No [x] Corresponding Author’s Name Thomas Foged

5. Manuscript Title
Practice of preoperative mammography before non-oncologic breast surgery

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
Camilla

2. Surname (Last Name)  
Bille

3. Date  
20-December-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author’s Name  
Thomas Foged

5. Manuscript Title  
Practice of preoperative mammography before non-oncologic breast surgery

6. Manuscript Identifying Number (If you know it)

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