ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Helle Westergren
2. Surname (Last Name)  Hendel
3. Date  30-June-2016
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Staging of cutaneous melanoma: Diagnostic value of chest X-ray
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Hendel has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisbet Rosenkrantz</td>
<td>Hölmich</td>
<td>05-July-2016</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author’s Name  
Caroline Asirvatham Gjørup

5. Manuscript Title  
Staging of cutaneous melanoma: Diagnostic value of chest X-ray

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Hölmich has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Rita Kaae
2. Surname (Last Name)  Pilegaard
3. Date  05-July-2016

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Caroline Asirvatham Gjørup

5. Manuscript Title
Staging of cutaneous melanoma: Diagnostic value of chest X-ray

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1. Given Name (First Name)  
Caroline Asirvatham

2. Surname (Last Name)  
Gjørup

3. Date  
05-July-2016

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

5. Manuscript Title  
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1. Given Name (First Name)  
   Cecilie Balslev

2. Surname (Last Name)  
   Willert

3. Date  
   05-July-2016

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   Caroline Asirvatham Gjørup

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