ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. **The work under consideration for publication.**

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Karin

2. Surname (Last Name)  
   Jeppesen

3. Date  
   09-March-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Outpatient hemithyroidectomy for benign thyroid disease is feasible and safe

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   No
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Section 6. Disclosure Statement

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Dr. Jeppesen has nothing to disclose.

Evaluation and Feedback

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## Identifying Information

1. **Given Name (First Name)**
   - Helene

2. **Surname (Last Name)**
   - Skjøt-Arkil

3. **Date**
   - 09-March-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Outpatient hemithyroidectomy for benign thyroid disease is feasible and safe

6. **Manuscript Identifying Number (if you know it)**

## The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

- Yes
- No

## Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

- Yes
- No

## Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

- Yes
- No
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Dr. Skjøt-Arkil has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 
   Susanne Holm

2. Surname (Last Name) 
   Nielsen

3. Date 
   09-March-2020

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

   Corresponding Author's Name 
   Karin Jeppesen

5. Manuscript Title 
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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? 
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   Yes ☐ No ☑

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Dr. Nielsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Caroline

2. Surname (Last Name)  
   Moos

3. Date  
   30-June-2000

4. Are you the corresponding author?  
   No

   Corresponding Author's Name  
   Karin Jeppesen

5. Manuscript Title  
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Ms. Moos has nothing to disclose.

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