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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sten Mellerup

2. Surname (Last Name)  
   Sørensen

3. Date  
   29-September-2019

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Zeina Hadad

5. Manuscript Title  
   Clinical relevance of [18F]FDG-PET/CT incidental findings. Our experience and a literature review

6. Manuscript Identifying Number (if you know it)

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Dr. Sørensen has nothing to disclose.

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Pia</td>
<td>Afzelius</td>
<td>29-September-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
   Corresponding Author’s Name  
   Zeina Hadad

5. Manuscript Title  
   Clinical relevance of [18F]FDG-PET/CT incidental findings. Our experience and a literature review

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

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Dr. Afzelius has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 
Anne Grethe

2. Surname (Last Name) 
Jurik

3. Date 
29-September-2019

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

Corresponding Author’s Name 
Zeina Hadad

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Dr. Jurik has nothing to disclose.

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1. Given Name (First Name)  
   Zeina

2. Surname (Last Name)  
   Hadad

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   29-September-2019

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