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5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Levic Souzani
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Katarina

2. Surname (Last Name)  
   Levic Souzani

3. Date  
   27-July-2020

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

5. Manuscript Title  
   Variety of Scandinavian surveillance follow-up programs in patients with malignant colorectal polyps.

6. Manuscript Identifying Number (if you know it)

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Dr. Levic Souzani has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Orhan

2. Surname (Last Name)  
   Bulut

3. Date  
   27-July-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Katarina Levic Souzani

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   Variety of Scandinavian surveillance follow-up programs in patients with malignant colorectal polyps.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Thue
2. Surname (Last Name)  Bisgaard
3. Date  27-July-2020

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

Corresponding Author's Name
Katarina Levic Souzani

5. Manuscript Title
Variety of Scandinavian surveillance follow-up programs in patients with malignant colorectal polyps.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

2. **Surname (Last Name)**
   - Angenete

3. **Date**
   - 27-July-2020

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

   **Corresponding Author’s Name**
   - Katarina Levic Souzani

5. **Manuscript Title**
   - Variety of Scandinavian surveillance follow-up programs in patients with malignant colorectal polyps.

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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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Zain</td>
<td>Asheer</td>
<td>27-July-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
   
   Corresponding Author's Name  
   Katarina Levic Souzani

5. Manuscript Title  
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Dr. Asheer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Odd
2. Surname (Last Name)  Mjåland
3. Date  27-July-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
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Section 2. The Work Under Consideration for Publication

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Dr. Mjåland has nothing to disclose.

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