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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Pernille
2. Surname (Last Name)       Jensen
3. Date                    24-November-2020
4. Are you the corresponding author?  Yes  No
   ✔
   Corresponding Author’s Name
   Sarah M Bjoernholt
5. Manuscript Title
   Implementing Sentinel Node Mapping for Endometrial and Cervical cancer in Denmark
6. Manuscript Identifying Number (if you know it)

Section 2. 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.)?  Yes  No
   ✔
   If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the “X” button.

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<td>Odense University Front line Research Fund</td>
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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?  Yes  No
   ✔
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?

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Dr. Jensen reports grants from The Danish Cancer Society, grants from Odense University Front line Research Fund, during the conduct of the study.

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<tr>
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<td>22-November-2020</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes ☐ No ☑</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Sarah Marie Bjørnholt</td>
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5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Dr. Mogensen has nothing to disclose.

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Sponholtz
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sara Elisabeth  
2. Surname (Last Name)  
   Sponholtz  
3. Date  
   18-November-2020  
4. Are you the corresponding author?  
   ☒ Yes  
   ☐ No  
Corresponding Author’s Name  
   Sarah Marie Bjørnholt  

5. Manuscript Title  
Implementing sentinel node mapping for endometrial- and cervical cancers in Denmark  

6. Manuscript Identifying Number (if you know it)  

**Section 2. 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  
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>Danish Cancer Research Fund</td>
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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? ☐ Yes ☑ No

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Markauskas
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Algirdas
2. Surname (Last Name)  Markauskas
3. Date  17-November-2020
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Sarah Marie Bjørnholt
5. Manuscript Title
Implementing sentinel node mapping for endometrial- and cervical cancers in Denmark
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Markauskas has nothing to disclose.

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  - **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Sarah Marie
2. Surname (Last Name)  Bjørnholt
3. Date  27-November-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Implementing sentinel node mapping for endometrial- and cervical cancer in Denmark.

6. Manuscript Identifying Number (if you know it)

Section 2. 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

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Section 4. 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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**Section 6. Disclosure Statement**

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Dr. Bjørnholt has nothing to disclose.

**Evaluation and Feedback**

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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>Ligita Paskeviciute</td>
<td>Frøding</td>
<td>27-November-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Sarah Marie Bjørnholt

5. Manuscript Title  
Implementing sentinel node mapping for endometrial- and cervical cancer in Denmark.

6. Manuscript Identifying Number (if you know it)

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

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Dr. Frøding 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)  
Katrine

2. Surname (Last Name)  
Fuglsang

3. Date  
20-November-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name  
Sarah Marie Bjørnholt

5. Manuscript Title  
Sentinel lymph node mapping for endometrial- and cervical cancer in Denmark

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Fuglsang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Doris
2. Surname (Last Name) Schledermann
3. Date 20-November-2020
4. Are you the corresponding author? ☑️ No
   Corresponding Author’s Name Sarah Marie Bjørnholt

5. Manuscript Title
   Implementing sentinel node mapping for endometrial- and cervical cancers in Denmark

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? ☑️ No

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Are there any relevant conflicts of interest? ☑️ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Christian Rifbjerg
2. Surname (Last Name)      Larsen
3. Date                     30-November-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name
Sarah Marie Bjørnholt

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
Implementing sentinel node mapping for endometrial- and cervi

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Dr. Larsen has nothing to disclose.

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