Dat	e:	3/25/2023			
Your Name:		Himam Murad	Himam Murad		
Manuscript Title:		for preoperative localization of hyperfuncti	The role of 18F–Fluoromethylcholine-Positron Emission Tomography-Computed Tomography for preoperative localization of hyperfunctioning parathyroid glands with special emphasis on multiglandular disease. A retrospective cohort study.		
Ma	nuscript Number (if k	known):			
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.					
epi	demiology of hyperte	os/activities/interests should be defined broadly. For ension, you should declare all relationships with manufentioned in the manuscript.			
	tem #1 below, report me for disclosure is th	all support for the work reported in this manuscript we past 36 months.	rithout time limit. For all other items, the time		
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	e following statement to indicate your agreeme	

Dat	e:		3/27/2023			
Your Name:			Camelia Ciacoi-Dutu			
Manuscript Title:			for preoperative localization of hyperfunction	The role of 18F–Fluoromethylcholine-Positron Emission Tomography-Computed Tomography for preoperative localization of hyperfunctioning parathyroid glands with special emphasis on multiglandular disease. A retrospective cohort study.		
Mai	nuscript Number (if k	(nown)	:			
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ııaı	ile for disclosure is th	ic past	ou montris.			
			all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None	Click the tab key to add additional rows.		

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7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	-	t to the following statement to indicate your agreeme	

Date:		_	3/27/2023		
Your Name:		_	Gunnar Lindblom		
Manuscript Title:			The role of 18F–Fluoromethylcholine-Positron Emission Tomography-Computed Tomography for preoperative localization of hyperfunctioning parathyroid glands with special emphasis on multiglandular disease. A retrospective cohort study.		
Manuscript Number (if known):					
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub				/interest, it is preferable that you do so.	
epic		nsion, you	should declare all relationships with manuf	acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame, Since the initial planning	af the consult	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	[⊠] No		Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	[⊠] No		Click the tab key to add additional rows.	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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			onship or indicate none (add rows as needed)	made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	•		e following statement to indicate your agreeme ered every question and have not altered the wo	

Date:		_	3/26/2023		
Your Name:		_	Martin Almquist		
Manuscript Title:			[The role of 18F–Fluoromethylcholine-Positron Emission Tomography-Computed Tomography for preoperative localization of hyperfunctioning parathyroid glands with special emphasis on multiglandular disease. A retrospective cohort study.		
Mar	nuscript Number (if l	known):			
In the interest of transparency, we a content of your manuscript. "Relate affected by the content of the manu indicate a bias. If you are in doubt a The author's relationships/activities,			red" means any relation with for-profit or no uscript. Disclosure represents a commitme about whether to list a relationship/activity s/interests should be defined broadly. For e should declare all relationships with manuf in the manuscript.		
	ne for disclosure is th			tallout time limit. For all other items, the time	
			entities with whom you have this nip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the	⊠ No	no		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ No IPSEN	Time frame: past 36 month		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None IPSEN	Payment to institution
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7	Support for attending meetings and/or travel	[⊠] None	
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13	Other financial or non-financial interests	None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	