

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jens

2. Surname (Last Name)

Ahm Sørensen

3. Date

23-July-2018

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Sentinel lymph node biopsy for oral cancer

6. Manuscript Identifying Number (if you know it)

JOVS-18-227

### 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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ahm Sørensen has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Vivi	2. Surname (Last Name) Tiphede Bakholdt	3. Date 23-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sørensen
5. Manuscript Title Sentinel lymph node biopsy for oral cancer		
6. Manuscript Identifying Number (if you know it) JOVS-18-227		

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

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Dr. Tiphede Bakholdt has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Grupe	3. Date 23-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sørensen
5. Manuscript Title Sentinel lymph node biopsy for oral cancer		
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1. Given Name (First Name) Jørn Bo	2. Surname (Last Name) Thomsen	3. Date 23-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sørensen
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Dr. Thomsen has nothing to disclose.

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