

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Joan

2. Surname (Last Name)

Walter

3. Date

17-July-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Matthijs Oudkerk

5. Manuscript Title

Low-dose lung cancer screening: nodule measurement and management

6. Manuscript Identifying Number (if you know it)

PCM-2019-CCLC-04

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

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Dr. Walter 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) Marjolein	2. Surname (Last Name) Heuvelmans	3. Date 17-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthijs Oudkerk
5. Manuscript Title Low-dose lung cancer screening: nodule measurement and management		
6. Manuscript Identifying Number (if you know it) PCM-2019-CCLC-04		

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Dr. Heuvelmans has nothing to disclose.

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1. Given Name (First Name) Monique	2. Surname (Last Name) Dorrius	3. Date 17-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthijs Oudkerk
5. Manuscript Title Low-dose lung cancer screening: nodule measurement and management		
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1. Given Name (First Name)  
Matthijs

2. Surname (Last Name)  
Oudkerk

3. Date  
17-July-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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