

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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4. Intellectual Property.

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

5. Relationships not covered above.

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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)

Jørgen B.

2. Surname (Last Name)

Dahl

3. Date

19-September-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Rikke Vibeke Nielsen

5. Manuscript Title

Pain management after spine surgery – a quality assurance study

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? Yes No

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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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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. Dahl 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)

Jonna Storm

2. Surname (Last Name)

Fomsgaard

3. Date

20-September-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Rikke Vibeke Nielsen

5. Manuscript Title

Pain management after spine surgery - a quality assurance study

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? Yes No

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Dr. Fomsgaard 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) Ole	2. Surname (Last Name) Mathiesen	3. Date 23-September-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rikke Vibeke Nielsen
5. Manuscript Title Pain management after spine surgery – a quality assurance study		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Mathiesen has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)

Rikke Vibeke

2. Surname (Last Name)

Nielsen

3. Date

26-September-2013

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Pain management after spine surgery – a quality assurance study

6. Manuscript Identifying Number (if you know it)

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