

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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4. Intellectual Property.

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Claus Vinther	2. Surname (Last Name) Nielsen	3. Date 22-April-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Merete Labriola
5. Manuscript Title Arbejdsrettet rehabilitering		

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?	Yes	
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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	V No	о



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Dr. Nielsen has nothing to disclose.

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Karsten	2. Surname (Last Name) Thielen	3. Date 22-April-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Merete Labriola
5. Manuscript Title Arbejdsrettet rehabilitering		

6. Manuscript Identifying Number (if you know it)

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🖌 No

Are there any relevant conflicts of interest?	Yes	
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Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Lene Falgaard	2. Surname (Last Name) Eplov	3. Date 24-April-2014
4. Are you the corresponding author?		rresponding Author's Name erete Labriola
5. Manuscript Title Arbejdsrettet rehabilitering		

03-14-0139.R2

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1. Given Name (First Name) Merete	2. Surname (Last Name) Labriola	3. Date 24-April-2014
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Arbejdsrettet rehabilitering		

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