

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.

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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)
Claus Vinther

2. Surname (Last Name)
Nielsen

3. Date
22-April-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Claus Vinther

5. Manuscript Title
Rehabilitering i 2014 og Lægeforeningens rolle

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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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. Nielsen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Jørgen Feldbæk

2. Surname (Last Name)

Nielsen

3. Date

07-April-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Claus Vinther Nielsen

5. Manuscript Title

Temanummer om rehabilitering i Ugeskrift for Læger - leder

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Fin	2. Surname (Last Name) Biering-Sørensen	3. Date 04-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claus Vinther Nielsen
5. Manuscript Title Rehabilitering i 2014 og lægeforeningens rolle		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Henning	2. Surname (Last Name) Langberg	3. Date 29-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claus Vinther Nielsen
5. Manuscript Title Rehabilitering i 2014 og Lægeforeningens rolle		
6. Manuscript Identifying Number (if you know it) 66307		

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Dr. Langberg has nothing to disclose.

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