

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Mikkel Elstrup

2. Surname (Last Name)

Simonsen

3. Date

19-January-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Søren Thorgaard Skou

5. Manuscript Title

ONE YEAR EFFECTIVENESS AND PREDICTORS OF PAIN AND QUALITY OF LIFE FROM AN 8 WEEK EDUCATION AND EXERCISE PROGRAM IN OSTEOARTHRITIS - GOOD LIFE WITH ARTHRITIS IN DENMARK (GLA:D)

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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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. Simonsen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Søren Thorgaard

2. Surname (Last Name)
Skou

3. Date
19-January-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
ONE YEAR EFFECTIVENESS AND PREDICTORS OF PAIN AND QUALITY OF LIFE FROM AN 8 WEEK EDUCATION AND EXERCISE PROGRAM IN OSTEOARTHRITIS - GOOD LIFE WITH ARTHRITIS IN DENMARK (GLA:D)

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Dr. Skou 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) Ewa	2. Surname (Last Name) Roos	3. Date 04-February-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Søren Skou
5. Manuscript Title ONE YEAR EFFECTIVENESS AND PREDICTORS OF PAIN AND QUALITY OF LIFE FROM AN 8 WEEK EDUCATION AND EXERCISE PROGRAM IN OSTEOARTHRITIS - GOOD LIFE WITH ARTHRITIS IN DENMARK (GLA:D)		
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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Board membership: National board for preventive medicine, Denmark	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2400€/year
Payment for lectures including service on speakers bureaus: Össur, May 2013	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	750€
Payment for lectures including service on speakers bureaus: Finnish Orthopedic Society, May 2013	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	600€
9. Royalties: Studentlitteratur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<300 €/year
9. Royalties: Munksgaard	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<200 €/year

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Associate Editor of Osteoarthritis & Cartilage

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Dr. Roos reports grants from Board membership: National board for preventive medicine, Denmark, grants from Payment for lectures including service on speakers bureaus: Össur, May 2013, grants from Payment for lectures including service on speakers bureaus: Finnish Orthopedic Society, May 2013, personal fees from 9. Royalties: Studentlitteratur, personal fees from 9. Royalties: Munksgaard, outside the submitted work; and Associate Editor of Osteoarthritis & Cartilage.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anders	2. Surname (Last Name) Odgaard	3. Date 31-January-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Søren Thorgaard Skou
5. Manuscript Title One-year effectiveness and predictors of pain and quality of life from an 8-week education and exercise programme in osteoarthritis.		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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