

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.

5. Relationships not covered above.

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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)

Bente Klarlund

2. Surname (Last Name)

Pedersen

3. Date

05-November-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kristian Overgaard

5. Manuscript Title

Supermotionisme – er det sundt eller usundt?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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. Pedersen has nothing to disclose.

Evaluation and Feedback

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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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. Effective Date (07-August-2008) 31-October-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kristian Overgaard
5. Manuscript Title Supermotionisme – er det sundt eller usundt?		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
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* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

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Relevant financial activities outside the submitted work

ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	National board for preventive medicine, Denmark	2400€/year	<input checked="" type="checkbox"/>
ADD						
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Össur, May 2013	750€	<input checked="" type="checkbox"/>
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Finnish Orthopedic Society, May 2013	600€	<input checked="" type="checkbox"/>
ADD						
9. Royalties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Studentlitteratur	<300 €/year	<input checked="" type="checkbox"/>
9. Royalties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Munksgaard	<200 €/year	<input checked="" type="checkbox"/>
ADD						

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

Associate Editor of Osteoarthritis & Cartilage

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Show All Table Rows

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kristian
2. Surname (Last Name)
Overgaard
3. Date
14-November-2014
4. Are you the corresponding author? Yes No
5. Manuscript Title
Supermotionisme – er det sundt eller usundt?
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Overgaard 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)
Lars Juel
2. Surname (Last Name)
Andersen
3. Date
14-November-2014
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Kristian Overgaard
5. Manuscript Title
Supermotionisme – er det sundt eller usundt?
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Dr. Andersen 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) Mia	2. Surname (Last Name) Lichtenstein	3. Date 31-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristian Overgaard
5. Manuscript Title Supermotionisme - er det sundt eller usundt?		
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Other: Anything not covered under the previous three boxes

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1. Given Name (First Name) Peter Gjerndrup	2. Surname (Last Name) Aagaard	3. Date 17-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristian Overgaard
5. Manuscript Title Supermotionisme – er det sundt eller usundt?		
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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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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Peter Aagaard has nothing to disclose.

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1. Identifying information.

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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1. Given Name (First Name) Rasmus Oestergaard	2. Surname (Last Name) Nielsen	3. Date 29-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristian Overgaard
5. Manuscript Title Supermotionisme - er det sundt eller usundt?		
6. Manuscript Identifying Number (if you know it) ?		

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kristian Overgaard
5. Manuscript Title Supermotionisme – er det sundt eller usundt?		
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Are there any relevant conflicts of interest? Yes No

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Dr. Grønbæk has nothing to disclose.

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