

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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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anne Sofie

2. Surname (Last Name)
Lundberg

3. Date
22-May-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Rygmarvsskadede patienter - Relevante følger tilstande og behandling heraf

6. Manuscript Identifying Number (if you know it)
UFL-04-15-0337

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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. Lundberg 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)

Merethe Kirstine

2. Surname (Last Name)

Andersen

3. Date

26-May-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Anne Sofie Lundberg

5. Manuscript Title

Rygmarvsskadede patienter - Relevante følger tilstande og behandling heraf

6. Manuscript Identifying Number (if you know it)

UFL-04-15-0337

Section 2. The Work Under Consideration for Publication

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Dr. Andersen has nothing to disclose.

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1. Given Name (First Name)
Rikke Middelhede

2. Surname (Last Name)
Hansen

3. Date
27-May-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Anne Sofie Lundberg

5. Manuscript Title
Rygmarvsskadede patienter - Relevante følger tilstande og behandling heraf.

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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
BioArtic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Dr. Hansen reports non-financial support from BioArtic, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Helge	2. Surname (Last Name) Kasch	3. Date 26-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Sofie Lundberg
5. Manuscript Title Rygmarvsskadede patienter. Relevante følgetilstande og behandling heraf		
6. Manuscript Identifying Number (if you know it) UFL-04-15-0337		

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Helge Kasch has participated in planning of a meeting initiated by IPSEN

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