



ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Louise

2. Surname (Last Name)
Jürgensen

3. Date
21-April-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Neuralgisk amyotrofi - en overset diagnose ved akutte skuldersmerter

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

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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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Dr. Jürgensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Christina Ringmann

2. Surname (Last Name)

Fagerberg

3. Date

26-May-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Louise Jürgensen

5. Manuscript Title

Neuralgisk amyotrofi- en overset diagnose ved akutte skuldersmerter

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UFL-04-16-0292

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Dr. Fagerberg has nothing to disclose.

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1. Given Name (First Name)
Maria

2. Surname (Last Name)
Kibæk

3. Date
21-April-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Louise Jürgensen

5. Manuscript Title

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Dr. Kibæk has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Charlotte

2. Surname (Last Name)
Brasch-Andersen

3. Date
21-April-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
L Jürgensen

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