

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Anne Sofie Rosenborg

2. Surname (Last Name)

Peretz

3. Date

08-September-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Reumatoid artrit og håndkirurgi

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Peretz 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)

Ole Rintek

2. Surname (Last Name)

Madsen

3. Date

02-September-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Anne Sofie Rosenborg Peretz

5. Manuscript Title

Reumatoid artrit og håndkirurgi

6. Manuscript Identifying Number (if you know it)

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Ole Rintek Madsen has previously received research grants and/or consultancy/speaker fees from AbbVie, BMS, MSD, Novartis, Pfizer, Roche, UCB and Celgene

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Elisabeth

2. Surname (Last Name)

Brogren

3. Date

07-September-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Anne Sofie Rosenborg Peretz

5. Manuscript Title

Reumatoid artrit og håndkirurgi

6. Manuscript Identifying Number (if you know it)

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Dr. Brogren has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lars B

2. Surname (Last Name)
Dahlin

3. Date
08-September-2016

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

5. Manuscript Title
Reumatoid artrit og håndkirurgi

6. Manuscript Identifying Number (if you know it)

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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
Advisory board at SOBI Inc, Sweden (Studies about Dupuytren´s contracture)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not relevant for the present article.
Advisory Board at Pergamum Inc, Sweden (studies on flexor tendon surgery)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not relevant for the present article.

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Dr. Dahlin reports personal fees from Advisory board at SOBI Inc, Sweden (Studies about Dupuytren´s contracture), and personal fees from Advisory Board at Pergamum Inc, Sweden (studies on flexor tendon surgery), outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Niels Henrik	2. Surname (Last Name) Søe	3. Date 09-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Sofie Rosenborg Peretz
5. Manuscript Title Rheumatoid artrit og håndkirurgi		
6. Manuscript Identifying Number (if you know it) ID UFL-03-16-0169		

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