

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name)

Martin

2. Surname (Last Name)

Lind

3. Date

01-May-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

behandling af patellainstabilitet

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Lind has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Faunø	3. Date 01-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin Lind
5. Manuscript Title behandling af patellainstabilitet		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Faunø has nothing to disclose.

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1. Given Name (First Name) Ole	2. Surname (Last Name) Gade Sørensen	3. Date 01-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin Lind
5. Manuscript Title behandling af patellainstabilitet		
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1. Given Name (First Name)

Bjarne Mygind-Klavsen

2. Surname (Last Name)

Mygind-Klavsen

3. Date

01-May-2017

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 Yes No

Corresponding Author's Name

Martin Lind

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