

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Rathleff

3. Date

28-April-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Behandling af forreste knæsmærter handler om mere end genoptræning af knæet

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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. Rathleff 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)
Negar

2. Surname (Last Name)
Pourbordbari

3. Date
26-April-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael Skovdal Rathleff

5. Manuscript Title
Behandling af forreste knæsmærter handler om mere end genoptræning af knæet

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Pourbordbari has nothing to disclose.

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1. Given Name (First Name)

Jens

2. Surname (Last Name)

Lykkegaard Olesen

3. Date

26-April-2017

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 Yes No

Corresponding Author's Name

Michael S. Rathleff

5. Manuscript Title

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Martin Bach

2. Surname (Last Name)
Jensen

3. Date
27-April-2017

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Yes No

Corresponding Author's Name
Michael Skovdal Rathleff

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