

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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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Ole	2. Surname (Last Name) Ovesen	3. Date 23-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ole Jakob Jørgensen
5. Manuscript Title Klinisk outcome, komplikationer og proteseoverlevelse hos patienter behandlet med resurfacing hoftealloplastik		
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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Dr. Ovesen 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 Jakob

2. Surname (Last Name)
Jørgensen

3. Date
29-May-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Klinisk outcome, komplikationer og proteseoverlevelse hos patienter behandlet med resurfacing hoftealloplastik

6. Manuscript Identifying Number (if you know it)
UFL-02-17-0115

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Stud.med Jørgensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Baard Haaken

2. Surname (Last Name)

Haakenstad

3. Date

25-May-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ole Jakob Jørgensen

5. Manuscript Title

Klinisk outcome, komplikationer og proteseoverlevelse hos patienter behandlet med resurfacing hoftealloplastik

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1. Given Name (First Name) Søren 2. Surname (Last Name) Overgaard 3. Date 29-May-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

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Komplikationer, proteseoverlevelse og klinisk outcome hos patienter behandlet med resurfacing hoftealloplastik

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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
Zimmer Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DePuy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protosekompagniet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eli Lilly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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