

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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Section 1. Identifying Info	ormation	
1. Given Name (First Name) Carsten	2. Surname (Last Name) Ernst	3. Date 16-May-2017
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Christian C. Støttrup
5. Manuscript Title Kirurgisk behandling af lumbal disk	usprolaps	

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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✓ No

Are there any relevant conflicts of interest? Yes

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Dr. Ernst has nothing to disclose.

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1. Given Name (Fi Christian	rst Name)	2. Surname (Last Name) Støttrup	3. Date 16-May-2017
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Kirurgisk behane	e dling af lumbal diskusj	prolaps	
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1. Given Name (First Name) Mikkel	2. Surname (Last Name) Andersen	3. Date 16-May-2017
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