

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Lise

2. Surname (Last Name)  
Kronborg

3. Date  
24-November-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Municipality-based physical rehabilitation after acute hip fracture surgery in Denmark

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Are there any relevant conflicts of interest?  Yes  No

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### Section 6. Disclosure Statement

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Dr. Kronborg 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) Thomas	2. Surname (Last Name) Bandholm	3. Date 24-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lise Kronborg
5. Manuscript Title Municipality-based physical rehabilitation after acute hip fracture surgery in Denmark		
6. Manuscript Identifying Number (if you know it) _____		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Bandholm has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Henrik	2. Surname (Last Name) Kehlet	3. Date 14-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lise Kronborg
5. Manuscript Title Municipality-based physical rehabilitation after acute hip fracture surgery in Denmark		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Kehlet has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Morten	2. Surname (Last Name) Tange Kristensen	3. Date 18-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lise Kronborg
5. Manuscript Title Municipality-based physical rehabilitation after acute hip fracture surgery in Denmark		
6. Manuscript Identifying Number (if you know it)		

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Dr. Tange Kristensen has nothing to disclose.

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