

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Anders	2. Surname (Last Name) Troelsen	3. Date 05-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dogu Aydin
5. Manuscript Title Effect of preoperative education on patients before hip or knee replacement surgery: a systematic review		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Troelsen 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)  
Dogu

2. Surname (Last Name)  
Aydin

3. Date  
05-January-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Effect of preoperative education on patients before hip or knee replacement surgery: a systematic review

6. Manuscript Identifying Number (if you know it)

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

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Dr. Aydin 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)

Husted

3. Date

05-January-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Dogu Aydin

5. Manuscript Title

Effect of preoperative education on patients before hip or knee replacement surgery: a systematic review

6. Manuscript Identifying Number (if you know it)

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Dr. Husted has nothing to disclose.

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1. Given Name (First Name) Jakob	2. Surname (Last Name) Klit	3. Date 05-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dogu Aydin
5. Manuscript Title Effect of preoperative education on patients before hip or knee replacement surgery: a systematic review		
6. Manuscript Identifying Number (if you know it)		

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### Section 1. Identifying Information

1. Given Name (First Name)

Steffen

2. Surname (Last Name)

Jacobsen

3. Date

05-January-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dogu Aydin

5. Manuscript Title

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