

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Instructions

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#### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

#### 2. The work under consideration for publication.

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1. Given Name (First Name)  
Morten
2. Surname (Last Name)  
Grove Thomsen
3. Effective Date (07-August-2008)  
27-February-2012
4. Are you the corresponding author? ☒ Yes ☐ No
5. Manuscript Title  
Preoperative osteoarthritis and SF-36 scores of patients receiving primary TKA in 2004 and 2009.
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Kristian Stahl
2. Surname (Last Name)  
Otte
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12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Protesekompagniet	Travel expenses and accommodation during AAOS2012 (education)	×
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Biomet, Denmark	Travel expenses and accommodation during CCJR 2011 (education)	×
						<b>ADD</b>

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