

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Sten

2. Surname (Last Name)
Rasmussen

3. Date
21-June-2013

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Michael Skovdal Rathleff

5. Manuscript Title
Leisure time sports activity and knee pain among adolescents aged 12-15 years: Prognosis and risk factors for one-year persistence of knee pain

6. Manuscript Identifying Number (if you know it)

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Dr. Rasmussen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Michael Skovdal

2. Surname (Last Name)
Rathleff

3. Date
21-June-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Leisure time sports activity and knee pain among adolescents aged 12-15 years: Prognosis and risk factors for one-year persistence of knee pain

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Dr. Rathleff has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jens Lykkegaard

2. Surname (Last Name)

Olesen

3. Date

21-June-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Skovdal Rathleff

5. Manuscript Title

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1. Given Name (First Name)

Ewa

2. Surname (Last Name)

Roos

3. Date

21-June-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Skovdal Rathleff

5. Manuscript Title

Leisure time sports activity and knee pain among adolescents aged 12-15 years: Prognosis and risk factors for one-year persistence of knee pain

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Camilla Rams

2. Surname (Last Name)
Rathleff

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21-June-2013

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Corresponding Author's Name
Michael Skovdal Rathleff

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