

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Frank

2. Surname (Last Name)
Damborg

3. Date
23-June-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Health-related quality of life by SF-12 in patients with self-reported Scheuermann's disease

6. Manuscript Identifying Number (if you know it)
not known

Section 2. The Work Under Consideration for Publication

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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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Damborg 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) Kirsten O.	2. Surname (Last Name) Kyvik	3. Date 23-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frank Damborg
5. Manuscript Title Health-related quality of life by SF-12 in patients with self-reported Scheuermann's disease		
6. Manuscript Identifying Number (if you know it) not known		

Section 2. The Work Under Consideration for Publication

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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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Kyvik has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Karsten	2. Surname (Last Name) Thomsen	3. Date 23-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frank Damborg
5. Manuscript Title Health-related quality of life by SF-12 in patients with self-reported Scheuermann's disease		
6. Manuscript Identifying Number (if you know it) not known		

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Thomsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mikkel Ø.	2. Surname (Last Name) Andersen	3. Date 19-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frank Damborg
5. Manuscript Title Health-related quality of life by SF-12 in patients with self-reported Scheuermann's disease		
6. Manuscript Identifying Number (if you know it) not known		

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Dr. Andersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Vilhelm August	2. Surname (Last Name) Engell	3. Date 21-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frank Damborg
5. Manuscript Title Health-related quality of life by SF-12 in patients with self-reported Scheuermann's disease		
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Dr. Engell has nothing to disclose.

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