

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Lasse

2. Surname (Last Name)

Ishøi

3. Date

07-September-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Femoroacetabular impingement syndrom – betydning, prognose og forebyggelse

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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ishøi has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)

otto

2. Surname (Last Name)

Kraemer

3. Date

12-September-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lasse Ishøi

5. Manuscript Title

Femoroacetabular impingement syndrom - betydning, prognose og forebyggelse

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Bjarne

2. Surname (Last Name)

Mygind-Klavsen

3. Date

20-September-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lasse Ishøi

5. Manuscript Title

Femoroacetabular impingement syndrom – betydning, prognose og forebyggelse

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1. Given Name (First Name) Bent	2. Surname (Last Name) Lund	3. Date 20-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lasse Ishøi
5. Manuscript Title Femoroacetabular impingement syndrom – betydning, prognose og forebyggelse		
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