

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) Monika	2. Surname (Last Name) Bayer	3. Date 26-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Kjaer
5. Manuscript Title Behandling af akutte muskelskader		
6. Manuscript Identifying Number (if you know it)		

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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Dr. Bayer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Abigail	2. Surname (Last Name) Mackey	3. Date 26-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Kjaer
5. Manuscript Title Behandling af akutte muskelskader		
6. Manuscript Identifying Number (if you know it)		

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Dr. Mackey 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)

S. Peter

2. Surname (Last Name)

Magnusson

3. Date

26-October-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Michael Kjaer

5. Manuscript Title

Behandling af akutte muskelskader

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Krogsgaard

3. Date
26-October-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Michael Kjaer

5. Manuscript Title
Behandling af akutte muskelskader

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