



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.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

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Royalties: Funds are coming in to you or your institution due to your patent



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Section 1. Identifying Information

1. Given Name (First Name) JENS 2. Surname (Last Name) LYKKEGAARD OLESEN 3. Date 08/11/18
4. Are you the corresponding author? Yes No
5. Manuscript Title
TENDINOPATIER-(TENNISALBUË, SPRINGERKNÆ, ACHILLESSEN, SUPRASPINATUS, FASCIITIS PLANTARIS)
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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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Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Finn

2. Surname (Last Name)

Johannsen

3. Date

10-November-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Simon Døssing

5. Manuscript Title

Tendinopatier

6. Manuscript Identifying Number (if you know it)

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Dr. Johannsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) SIMON 2. Surname (Last Name) DESSING 3. Date 8/11-2018
4. Are you the corresponding author? Yes No
5. Manuscript Title Tendinopathie - (tennis albue, springerknee, achillessehne, supraspinatus, faciti plantaris)
6. Manuscript Identifying Number (if you know it)

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Simon Dessing



ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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Section 1. Identifying Information

1. Given Name (First Name) Anders Ploug	2. Surname (Last Name) Boesen	3. Date 18-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon Døssing
5. Manuscript Title Tendinopatii – (tennis albue, springer knæ, achillessene, supraspinatus, faciitis plantaris)		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Adam	2. Surname (Last Name) Witten	3. Date 08-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon Døssing
5. Manuscript Title Tendinopati hos idrætsfolk		
6. Manuscript Identifying Number (if you know it)		

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