

## 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)  
Adam

2. Surname (Last Name)  
Witten

3. Date  
19-March-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Diagnostik og behandling af subacromial impingement syndrom

6. Manuscript Identifying Number (if you know it)  
UFL-03-18-0215

### Section 2. The Work Under Consideration for Publication

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Dr. Witten has nothing to disclose.

### 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)  
Kristian

2. Surname (Last Name)  
Thorborg

3. Date  
19-March-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Adam Witten

5. Manuscript Title  
Diagnostik og behandling af subacromial impingement syndrom

6. Manuscript Identifying Number (if you know it)  
UFL-03-18-0215

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Mr. Thorborg 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) Kristoffer	2. Surname (Last Name) Barfod	3. Date 19-March-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Adam Witten
5. Manuscript Title Diagnostik og behandling af subacromial impingement syndrom		
6. Manuscript Identifying Number (if you know it) UFL-03-18-0215		

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Dr. Barfod has nothing to disclose.

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1. Given Name (First Name)

Mikkel

2. Surname (Last Name)

Clausen

3. Date

19-March-2018

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☐ Yes ☒ No

Corresponding Author's Name

Adam Witten

5. Manuscript Title

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Morten

2. Surname (Last Name)  
Foverskov

3. Date  
19-March-2018

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☐ Yes ☒ No

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Adam Witten

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Dr. Foverskov has nothing to disclose.

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