

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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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.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Cecilie

2. Surname (Last Name)
Budtz

3. Date
23-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
The effects of the extended physiotherapy examination scheme for low back pain patients

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

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Section 6. Disclosure Statement

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Dr. Budtz 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)

Lars

2. Surname (Last Name)

Morsø

3. Date

12-June-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Cecilie Rud Budtz

5. Manuscript Title

The effects of the extended physiotherapy examination scheme for low back pain patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Morsø 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) Janus	2. Surname (Last Name) Thomsen	3. Date 02-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cecilie Rud Budtz
5. Manuscript Title The effects of the extended physiotherapy examination scheme for low back pain patients		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)
David

2. Surname (Last Name)
Christiansen

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Cecilie Rud Budtz

5. Manuscript Title

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