

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mikkel

2. Surname (Last Name)

Clausen

3. Date

31-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

High incidence of lost workdays in patients with subacromial impingement syndrome

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Clausen 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) Kristian	2. Surname (Last Name) Thorborg	3. Date 31-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mikkel Bek Clausen
5. Manuscript Title High incidence of lost workdays in patients with subacromial impingement syndrome		
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. Thorborg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mikas	2. Surname (Last Name) Merrild	3. Date 31-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mikkel Bek Clausen
5. Manuscript Title High incidence of lost workdays in patients with subacromial impingement syndrome		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)
Mathias

2. Surname (Last Name)
Nielsen

3. Date
31-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mikkel Bek Clausen

5. Manuscript Title
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Hölmich

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31-March-2020

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