

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Elisabeth	2. Surname (Last Name) Brogren	3. Date 19-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tobias Krogh Prein
5. Manuscript Title Ulnar kollateral ligamentskade på tommelfingeren		
6. Manuscript Identifying Number (if you know it) 		

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

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Dr. Brogren 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) Lars B	2. Surname (Last Name) Dahlin	3. Date 19-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tobias Krogh Prein
5. Manuscript Title Ulnar kollateral ligamentskade på tommelfingeren		
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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Disclosure Statement

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Dr. Dahlin has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Niels Henrik	2. Surname (Last Name) Søe	3. Date 20-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tobias Krogh Prein
5. Manuscript Title Ulnar kollateral ligamentskade på tommelfingeren		
6. Manuscript Identifying Number (if you know it) UFL-09-20-0706		

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Section 1. Identifying Information

1. Given Name (First Name) Stig	2. Surname (Last Name) Brorson	3. Date 18-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tobias Krogh Prein
5. Manuscript Title Ulnar kollateral ligamentskade på tommelfingeren		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Brorson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Tobias Krogh

2. Surname (Last Name)

Prein

3. Date

15-January-2021

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

Ulnar kollateral ligamentskade på tommelfingeren

6. Manuscript Identifying Number (if you know it)

UFL-09-20-0706

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