

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Lisa	2. Surname (Last Name) Reimer	3. Date 20-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Træning som behandling af hofteartrose i de forskellige stadier af sygdomsudviklingen		
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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Are there any relevant conflicts of interest? Yes No

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Dr. Reimer 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)

Troels

2. Surname (Last Name)

Kjeldsen

3. Date

20-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Træning som behandling af hofteartrose i de forskellige stadier af sygdomsudviklingen

6. Manuscript Identifying Number (if you know it)

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Yes

No

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Yes

No

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Dr. Kjeldsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Frydendal

3. Date

20-November-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Træning som behandling af hofteartrose i de forskellige stadier af sygdomsudviklingen

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1. Given Name (First Name) Ulrik	2. Surname (Last Name) Dalgas	3. Date 20-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Træning som behandling af hofteartrose i de forskellige stadier af sygdomsudviklingen	_____	
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Inger

2. Surname (Last Name)
Mechlenburg

3. Date
20-November-2020

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