

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)
Anders
2. Surname (Last Name)
Løkke
3. Date
16-November-2021
4. Are you the corresponding author? Yes No Corresponding Author's Name
5. Manuscript Title
1-min Sit-to-Stand Test kan måle funktionel kapacitet hos personer med KOL
6. Manuscript Identifying Number (if you know it)

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Anders Løkke has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Elisabeth Bomholt

2. Surname (Last Name)

Østergaard

3. Date

16-November-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

1-min Sit-to-Stand Test kan måle funktionel kapacitet hos personer med KOL

6. Manuscript Identifying Number (if you know it)

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Elisabeth Bomholt Østergaard has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Jeppe Gabriel
2. Surname (Last Name)
Spence
3. Date
16-November-2021
4. Are you the corresponding author? Yes No Corresponding Author's Name
5. Manuscript Title
1-min Sit-to-Stand Test kan måle funktionel kapacitet hos personer med KOL
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Jeppe Gabriel Spence has nothing to disclose.

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1. Given Name (First Name) John	2. Surname (Last Name) Brincks	3. Date 16-November-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title 1-min Sit-to-Stand Test kan måle funksjonel kapasitet hos personer med KOL	_____	
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John Brincks has nothing to disclose.

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