

ICMJE DISCLOSURE FORM

Date: 4/4/2024

Your Name: Søren Overgaard

Manuscript Title: Udredning og behandling af det slidte knæ hos yngre patienter

Manuscript Number (if known): _____

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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		J&J	Personal payment lecture
		Heraeus	Payment to institution: lectures and course moderator
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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Date: 4. april 2024

Your name: Christian Dippmann

Manuscript title: Udredning og behandling af det slidte knæ hos yngre patienter

Manuscript number (if known): UFL-12-23-0764

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Date: 4. april 2024

Your name: Martin Rathcke

Manuscript title: Udredning og behandling af det slidte knæ hos yngre patienter

Manuscript number (if known): UFL-12-23-0764

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Date: 4. april 2024

Your name: Peter Lavard

Manuscript title: Udredning og behandling af det slidte knæ hos yngre patienter

Manuscript number (if known): UFL-12-23-0764

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