

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)

Alexander

2. Surname (Last Name)

Isenberg-Jørgensen

3. Date

16-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Mikkel Ø. Andersen

5. Manuscript Title

Ikke-kirurgisk behandling af lumbal diskusprolaps

6. Manuscript Identifying Number (if you know it)

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Dr. Isenberg-Jørgensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Christian C.

2. Surname (Last Name)
Støttrup

3. Date
16-May-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mikkel Ø. Andersen

5. Manuscript Title
Ikke-kirurgisk behandling af lumbal diskusprolaps

6. Manuscript Identifying Number (if you know it)

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Dr. Støttrup has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Mikkel Ø.

2. Surname (Last Name)

Andersen

3. Date

16-May-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Ikke-kirurgisk behandling af lumbal diskusprolaps

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1. Given Name (First Name)

Marianne D.

2. Surname (Last Name)

Lorenzen

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16-May-2017

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Yes

No

Corresponding Author's Name

Mikkel Ø. Andersen

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Andreas K.

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Andresen

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