ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Sten

2. **Surname (Last Name)**  
   Rasmussen

3. **Date**  
   21-June-2013

4. **Are you the corresponding author?**  
   - [ ] Yes  
   - [X] No  
   **Corresponding Author’s Name**  
   Michael Skovdal Rathleff

5. **Manuscript Title**  
   Leisure time sports activity and knee pain among adolescents aged 12-15 years: Prognosis and risk factors for one-year persistence of knee pain

6. **Manuscript Identifying Number (if you know it)**

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

**Are there any relevant conflicts of interest?**  
- [ ] Yes  
- [X] No

### Section 3. Relevant financial activities outside the submitted work.

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**Are there any relevant conflicts of interest?**  
- [ ] Yes  
- [X] No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes  
- [X] No

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Rasmussen
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Dr. Rasmussen has nothing to disclose.

Evaluation and Feedback

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Skovdal</td>
<td>Rathleff</td>
<td>21-June-2013</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- [ ] Yes  
- [x] No  

5. Manuscript Title  
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Are there any relevant conflicts of interest?  

- [ ] Yes  
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Dr. Rathleff has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Jens Lykkegaard

2. Surname (Last Name)  
Olesen

3. Date  
21-June-2013

4. Are you the corresponding author?  
Yes ☐  No ☑

Corresponding Author’s Name  
Michael Skovdøl Rathleff

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  Ewa
2. Surname (Last Name)     Roos
3. Date                     21-June-2013
4. Are you the corresponding author?  ☑ Yes  ❌ No
   Corresponding Author’s Name
   Michael Skovdal Rathleff

5. Manuscript Title
   Leisure time sports activity and knee pain among adolescents aged 12-15 years: Prognosis and risk factors for one-year persistence of knee pain
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Dr. Roos has nothing to disclose.

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1. Given Name (First Name)  
   Camilla Rams

2. Surname (Last Name)  
   Rathleff

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