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)  
   Casper Ferløv

2. Surname (Last Name)  
   Winther

3. Date  
   25-June-2018

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

5. Manuscript Title  
   Venous thromboembolic complications following surgical treatment for degenerative spinal disease

6. Manuscript Identifying Number (if you know it)  
   UFL-01-18-0082

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. Winther 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)  Karsten
2. Surname (Last Name)  Thomsen
3. Date  25-June-2018

4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Casper Ferløv Winther

5. Manuscript Title  Venous thromboembolic complications following surgical treatment for degenerative spinal disease

6. Manuscript Identifying Number (if you know it)  UFL-01-18-0082

Section 2. The Work Under Consideration for Publication

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Dr. Thomsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Lars Peder

2. Surname (Last Name)  
Sørensen

3. Date  
25-June-2018

4. Are you the corresponding author?  
☑ Yes   No

Corresponding Author’s Name  
Casper Ferløv Winther

5. Manuscript Title  
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1. Given Name (First Name)  Morten
2. Surname (Last Name)  Jenstrup
3. Date  25-June-2018
4. Are you the corresponding author?  No
   
5. Manuscript Title
   Venous thromboembolic complications following surgical treatment for degenerative spinal disease

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)  
   Frederik Birkebæk  

2. Surname (Last Name)  
   Thomsen  

3. Date  
   25-June-2018  

4. Are you the corresponding author?  
   ☑ No  

Corresponding Author's Name  
Casper Ferløv Winther  

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