ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Louise
2. Surname (Last Name) Jürgensen
3. Date 21-April-2016

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

5. Manuscript Title
Neuralgisk amyotrofi - en overset diagnose ved akutte skuldersmerter

6. Manuscript Identifying Number (if you know it)

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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.)?

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Dr. Jürgensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Christina Ringmann

2. Surname (Last Name)  
   Fagerberg

3. Date  
   26-May-2016

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author's Name  
   Louise Jürgensen

5. Manuscript Title  
   Neuroglisky amyotrophic lateral sclerosis and the risk of shoulder pain

6. Manuscript Identifying Number (if you know it)  
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Dr. Fagerberg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Maria

2. Surname (Last Name)  
   Kibæk

3. Date  
   21-April-2016

4. Are you the corresponding author?  
   □ Yes  ✓ No

   Corresponding Author’s Name  
   Louise Jürgensen

5. Manuscript Title  
   Neuralgisk amyotrofi - en overset diagnose ved akutte skuldersmerter

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Dr. Kibæk has nothing to disclose.

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1. Given Name (First Name)  
   Charlotte

2. Surname (Last Name)  
   Brasch-Andersen

3. Date  
   21-April-2016

4. Are you the corresponding author?  
   Yes □ No ■

Corresponding Author’s Name  
L. Jürgensen

5. Manuscript Title  
   Neurogisk amyotrofi – en overset diagnose ved akutte skuldersmerter

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