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?  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)  

Section 2. The Work Under Consideration for Publication
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Dr. Isenberg-Jørgensen 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)  Christian C.
2. Surname (Last Name)  Støttrup
3. Date  16-May-2017
4. Are you the corresponding author?  ☑ No
5. Manuscript Title  Ikke-kirurgisk behandling af lumbal diskusprolaps
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?  ☑ No

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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

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

## Section 2. The Work Under Consideration for Publication

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Andersen has nothing to disclose.

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1. Given Name (First Name)  
Marianne D.

2. Surname (Last Name)  
Lorenzen

3. Date  
16-May-2017

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

Corresponding Author’s Name  
Mikkel Ø. Andersen

5. Manuscript Title  
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R.N. Lorenzen has nothing to disclose.

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Andreas K.

2. Surname (Last Name)  
Andresen

3. Date  
16-May-2017

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☑ No

Corresponding Author’s Name  
Mikkel Ø. Andersen

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