ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Frank

2. Surname (Last Name)  
Damborg

3. Date  
23-June-2013

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Health-related quality of life by SF-12 in patients with self-reported Scheuermann’s disease

6. Manuscript Identifying Number (if you know it)  
not known

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✔ No

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Dr. Damborg has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Identifying Information

1. Given Name (First Name) Kirsten O.
2. Surname (Last Name) Kyvik
3. Date 23-June-2013

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

Corresponding Author's Name
Frank Damborg

5. Manuscript Title
Health-related quality of life by SF-12 in patients with self-reported Scheuermann’s disease

6. Manuscript Identifying Number (if you know it)
not known

## The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?
- Yes
- No
- ✔ No

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- Yes
- No
- ✔ No

## Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
- Yes
- No
- ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Kyvik has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Karsten

2. Surname (Last Name)  
   Thomsen

3. Date  
   23-June-2013

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Frank Damborg

5. Manuscript Title  
   Health-related quality of life by SF-12 in patients with self-reported Scheuermann’s disease

6. Manuscript Identifying Number (if you know it)  
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Dr. Thomsen 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  
19-June-2013

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Frank Damborg

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

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Engell
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<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Vilhelm August</td>
<td>Engell</td>
<td>21-June-2013</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Frank Damborg

5. Manuscript Title  
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Dr. Engell has nothing to disclose.

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